

Inner Essence Spa LLC Waxing Release

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Yes, please email me information from Inner Essence Spa about special offers, new products, events and more!

Phone (home) _____ (work) _____

(cell) _____ Carrier _____

Is it okay for us to text you with appointment confirmations? Yes No

Date of Birth: _____ Marital Status: _____

Children: _____ Occupation(s): _____

What brings you here today? _____

Appointment Gender Preference (please circle): No Yes _____

Emergency contact information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please check if you answer "yes" and explain

___ Have you ever been treated for cancer? _____

___ Have you used any Alpha Hydroxy Acid or Glycolic products in the past 48-72 hours? _____

___ Are you using Retin A, Renova or Accutane (oral form of Retin A)? _____

___Are you using any other skin thinning products and/or drugs?_____

___Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon?_____

___Do you use a tanning bed?_____

___Are you currently taking medications?_____

___Have you had any cosmetic facial injections within the past 24 hours?_____

Please note that waxing does have certain side effects such as skin removal, redness, swelling and tenderness, etc. Inner Essence Spa LLC is not responsible for the aggravation of conditions, which were present, but not disclosed to the practitioner, at the time of service received and which may be affected by the service. Inner Essence Spa LLC is not responsible for any condition, which may/may not have resulted from experiencing services at our facility. Thank you.

Your Signature:_____Date:_____

How did you hear about Inner Essence Spa & Wellness Center?
