

ARUNA

ARUNA SPA

Wax Questionnaire

Today's Date: _____

What body part are you having Waxed? _____

When was your last shave? _____

Do you have any tendencies for any of the following?

- Scarring YES / NO
- Allergies YES / NO
- Bruising YES / NO
- Herpes Virus YES / NO
- Bumps YES / NO

Are you currently using:

- Acute Retina-A YES / NO
- Alpha-Hydroxy Acid YES / NO
- Resorcinol YES / NO
- Glycolic YES / NO
- Acid Scrubs or Peel YES / NO

Any Other Medications? _____

Waxing may cause: Bruises, scabs, scarring, redness, hyper-pigmentation or pimples. Waxing of soft tissue may cause skin to tear resulting in need for stitches. New use of the products discussed increases the possibility of a reaction. If a reaction occurs, please inform your esthetician before your next appointment starts. I understand all of the above conditions.

Esthetician Signature: _____

Client Signature: _____ DATE: _____

Parent or Guardian: _____ DATE: _____