BEYOND BEAUTY Academy MEDICAL AESTHETICS

Body Waxing

INTAKE FORM

PERSONAL INFORMATION

Name: _____ Date: _____

Date of birth: _____ Age: _____ ☐ Female ☐ Male

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency contact: _____ Phone: _____

How did you hear about us? _____

Would you like to be added to our email list for news and exclusive offers? ☐ Yes

HEALTH HISTORY

Please check any of the following conditions that applies to you:

- ☐ Acne
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood disorder
- ☐ Cancer
- ☐ Diabetes
- ☐ Eczema
- ☐ Epilepsy
- ☐ Fever blisters
- ☐ Heart condition
- ☐ Herpes
- ☐ Hepatitis A/B/C
- ☐ High blood pressure
- ☐ HIV/AIDS
- ☐ Hyper pigmentation
- ☐ Hormone Imbalance
- ☐ Hysterectomy
- ☐ Immune disorders
- ☐ Insomnia
- ☐ Keloid scarring
- ☐ Low blood pressure
- ☐ Lupus
- ☐ Metal bone pins/plates
- ☐ Spinal Injury
- ☐ Seizure disorder
- ☐ Skin Disease Disorder
- ☐ Seborrhea
- ☐ Thyroid condition
- ☐ Veins/Phlebitis
- ☐ Warts

Any other conditions: _____

Do you have any medication allergies? ☐ No ☐ Yes _____

Are you currently taking any medication (including vitamins and supplements)? List it here:

_____

Any surgeries in the last six months? ☐ No ☐ Yes _____

Are you pregnant or breastfeeding? ☐ No ☐ Yes _____

TREATMENT PERFORMED:

FACE & BROWS

- ☐ Brows
- ☐ Lip
- ☐ Chin
- ☐ Full Face
- ☐ Side Burns
- ☐ Neck

UPPER BODY

- ☐ Full Arms
- ☐ Half Arms
- ☐ Underarms
- ☐ Back/Shoulders
- ☐ Abdomen
- ☐ Chest

LOWER BODY

- ☐ Full Legs
- ☐ Half Legs
- ☐ Buttocks
- ☐ Toes & Feet

OTHER

- ☐ Brazilian
- ☐ Bikini
- ☐ Full Body
- ☐ Other: _____

SKIN INFORMATION

Please list any skin care products that you currently use:

_____

_____

Have you used any AHA products in the last 72 hours?	☐ Yes	☐ No
Are you using Retin-A, Renova, or Accutane?	☐ Yes	☐ No
Are you using any other skin thinning products and/or drugs?	☐ Yes	☐ No
Are you exposed to the sun on a daily basis?	☐ Yes	☐ No
Do you currently have a sunburn?	☐ Yes	☐ No
Do you plan on spending more time in the sun soon?	☐ Yes	☐ No
Have you recently used a tanning bed?	☐ Yes	☐ No
Have you recently had a chemical or glycolic peel?	☐ Yes	☐ No
Have you waxed before?	☐ Yes	☐ No
If yes, did you have any adverse reactions?	☐ Yes	☐ No

If yes, please explain: _____

Do you have any abrasions, moles, or skin irritations in the areas being waxed today? ☐ Yes ☐ No

If yes, please explain: _____

(Female clients) When is your next menstrual cycle due to begin? _____

For your own comfort, we recommend avoiding hair removal from two days before to two days after your cycle.