



## CLIENT INFORMATION AND CONSENT FORM – SUGAR HAIR REMOVAL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referred by: \_\_\_\_\_

Please arrive to your sugaring appointment with clean, dry skin. Gentle exfoliation is recommended 48 hours prior to your appointment, but not within 24 hours or the same day as your service. Do not apply lotions, oils, deodorants, fragrances, or other skin care products prior to your service.

Some common contraindications to be aware of are as follows:

- 24 hours **prior** to your service DO NOT:
  - Use a tanning bed with UV lights
  - Spray tan
  - Exfoliate with abrasive scrubs or use Alpha Hydroxy Acid (AHA) chemical serums
- 24 hours **after** your service DO NOT:
  - Participate in activities that cause friction or sweating
  - Use lotions, serums, or other skincare treatments
  - Swim or use communal bathing areas
  - Exfoliate. Please wait 48 hours to begin exfoliating the area
- Consult your physician **prior** to your appointment if you are taking medications that cause thinning of the skin (such as Retin-A and Accutane) or photosensitivity, or if you are being treated for diabetes or cancer.

Please note that removing hair by the root can have certain side effects, such as skin redness, swelling, and tenderness.

I have read the above information and if I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the sugaring procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I have read and understand the pre and post-treatment care instructions, as well as the medical contraindications. I am willing to follow the home care regimen recommended by my esthetician that can minimize or eliminate any negative reactions. In the event that I may have additional questions or concerns regarding my treatment, I will consult my esthetician immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_