

CLIENT INFORMATION AND CONSENT FORM – SUGAR HAIR REMOVAL

Appointment Preparation

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

What body part(s) are we sugaring today?

FACE & BROWS

- Brow Shape
- Lip
- Brow & Lip
- Chin
- Neck
- Sideburns
- Full Face

UPPER BODY

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

LOWER BODY

- Full Legs
- Half Legs

OTHER

- Brazilian-Full
- Brazilian-Shape
- Bikini
- Full Body

Is this your first time being sugared?

- Yes No

When did you last shave? _____

How often do you shave? _____

Do you have a special event coming up soon?

- Yes No



Please check any of the following medical or skin conditions that may apply to you:

- Diabetic Varicose Veins Sensitive Skin/Prone to Skin Inflammation
 Hairy Moles Bruise Easily Allergies (Please Describe) _____
 Other _____

Are you currently using or have you used any of the following products?
Please state the last date used. _____

- Self Tanner Vitamin A Creams Facial Exfoliants Skin Lightening Products
 Alpha Hydroxy Acid Retinoid or Retin-A Acne Medications Anti-aging Creams
 Accutane Glycolic Products

Please check any of the following that may apply to you:

- Currently experiencing sunburn/Heat rash Tanned less than 48 hours ago
 Exposed to the sun on a daily basis

Do you use a tanning bed? Yes No

What skin products do you regularly use on your skin?

Are you currently taking any medications? If so please list all (including over the counter drugs/herbal supplements).

Please list any other illness/condition that you are currently being treated for by a medical professional:

Female Clients: When is your next menstrual cycle due to begin? _____
(Always allow five days for menstrual cycle. Due to water retention and your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)



I give consent to the service provider to perform the following sugaring services:

- I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, glycolic peels, other peels, exfoliated or tanned in the last 72 hours.
- I have been off of Accutane for at least twelve (12) months.
- I am aware there may be possible, temporary side effects such as redness, swelling and pimples, that generally fade within 72 hours.
- For Brazilian and/or Bikini sugaring , I will notify my service provider if I am on my menstrual cycle.
- I do not have any open skin lesions or active herpes outbreak (cold sore or genital).
- I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.
- I agree to adhere to all safety post care including: no peels, tanning or wet room services; no swimming/spas/hot tubs for 72 hours after sugaring; and all home skin care protocols as recommended by my service provider.
- I am over 18 years of age, or I have parental consent co-signed below.
- I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

Please note that sugaring does have certain side effects such as skin removal, redness, swelling, tenderness etc.

I have read the above information and if I have any concerns, I will address these with my service provider. I give permission to my service provider to perform the sugaring procedure we have discussed and will hold them and their staff harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including known allergies or prescription drugs or products I am ingesting or using topically. I understand my service provider will take every precaution to minimize or eliminate negative reactions as much as possible.

I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my service provider for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post treatment care, I will consult the service provider 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 service provider whose signature appears below, responsible for any conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

We have the right to refuse services for all sugaring if proper hygiene is NOT followed.

Please Sign Name: _____ Date: _____

Sugar Technician: _____ Date: _____

