



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**METROPOLITAN**  
ANTI-AGING • BEAUTY • WELLNESS

## WAXING-DERMABLADING CONSENT FORM

**YES**      **NO**

- 1. Are you currently being treated with CHEMOTHERAPY OR RADIATION?  YES  NO
- 2. Are you being treated for DIABETES?  YES  NO
- 3. Have you used any GLYCOLIC or ALPHA HYDROXY ACID or other SKIN PEELING products in the past 48 hours?  YES  NO
- 4. Have you used or are you currently using RETIN A? Tretinoin?  YES  NO
- 5. Have you used or are you currently using ACUTANE?  YES  NO
- 6. Have you used or are you currently using RENOVA?  YES  NO
- 7. Are you exposed to the SUN on a daily basis?  YES  NO
- 8. Do you work near a UV source?  YES  NO
- 9. Do you use a TANNING BED or BOOTH?  YES  NO
- 10. Have you had or are you currently having MICRODERMABRASION?  YES  NO
- 11. Have you had or are you currently having any LIGHT treatments?  YES  NO
- 12. Have you had or are you currently having any other form of hair removal?  YES  NO

**Laser   Waxing   Electrolysis   Other:** \_\_\_\_\_

- 13. Are you currently taking **ANY** MEDICATIONS, HERBAL SUPPLEMENTS, or VITAMINS?  YES  NO

Medications: \_\_\_\_\_

Herbal Supplements: \_\_\_\_\_

Vitamins: \_\_\_\_\_

- 14. Are you currently or in the last 6 months been treated by a dermatologist, plastic surgeon or other physician for any conditions and/or surgeries?  YES  NO

If yes, please tell us what condition or surgery. \_\_\_\_\_

- 15. Do you have an allergy to BEE'S?  YES  NO

- 16. Do you have any allergies, hay fever or sensitivity issues we should be aware of?  YES  NO

If yes, please list: \_\_\_\_\_

- 17. Are you using any scrubs or exfoliants on your skin?  YES  NO

If yes, please list: \_\_\_\_\_

- 18. Are you using any Vitamin C on your skin?  YES  NO

If yes, please list: \_\_\_\_\_

Women:

- 19. Menstrual Cycle Due Date? \_\_\_\_\_

For your own personal comfort, you should avoid hair removal during this time. (Allow 2 days before and 2 days after, before having service.)

I have answered these questions truthfully and to the best of my ability and authorize a waxing service to be performed.

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

Technician Initials \_\_\_\_\_ Date \_\_\_\_\_