



Waxing & Sugaring Treatment Profile Card

Before waxing or sugaring:

Have you ever had a professional waxing before? Yes/No

Have you ever had an adverse reaction to waxing before? Yes/No

Have you been tanning/using a peel in the past 48 hrs? Yes/No

Are you currently affected by any of the following conditions? (circle all the apply)

- | | | | |
|-------------------------|----------------|-----------------------|--------------|
| Varicose Veins | Recent Surgery | Sunburn | Allergies |
| Phlebitis | Diabetes | Distended Capillaries | Rash |
| Recent Scar Tissue | Herpes | Pregnancy | Hypertension |
| Undergoing Chemotherapy | | | |

Are you currently taking any medication? (circle all that apply)

- | | | | | | |
|--------------|------------------|---------------------|---------|------------|------------------|
| Accutane | Adapalene | Alustra | Avita | Differin | Tretinoin |
| Isotretinoin | Renova | Retin A | Tazarac | Tazarotene | Benzoyl Peroxide |
| Retinol | Oral Antibiotics | Topical Antibiotics | Other | _____ | |

Have you recently taken any blood thinners? Yes/No

If yes please list _____

Have you had any food and/or products within 24 hours containing: Alcohol, Caffeine, Sugar, or Nicotine in the last 24 hours Yes/No

****These products can cause your experience to be more painful or cause thinning of the blood which can lead to bruising or other waxing complications****

Client Signature: _____ Date: _____