



Unlimited Potential skin care studio
AT a Nu You 1100 Boston Post Road, Guilford, CT 06437
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Wax Questionnaire

Today's Date _____ Your Birthday _____

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone () _____ Email _____

Occupation _____

How Did You Hear About Unlimited Potential? _____

What Body Part Are We Waxing? _____

Is this your first time being waxed? _____

When did you last shave? _____ How often do you shave? _____

Do you get have of the following (please circle)

Ingrown Hair yes no **Hyperpigmentation (darkened skin)** yes no

Scarring yes no **Bruising** yes no

Bumps yes no

Are You Currently Using or Taking (please circle)

Isotretinoin/Accutane yes no **Resorcinol** yes no

Retin-A yes no **Glycolic Acid** yes no

Alpha-Hydroxy Acid yes no **Scrub or Peel of any kind** yes no

Waxing may cause: Bruises, scabs, scarring, redness, hyperpigmentation, pimples or outbreaks. Waxing of soft tissue may cause the skin to tear resulting in the need for stitches.

I understand all of the above mentioned reactions. I also understand if I change my skin care routine or medications, I must inform the professional **PRIOR** to starting any waxing or skin care service in the future.

Client Signature _____ Date _____