Ann's Serenity Day Spa & Salon

Hair Removal Consent Form

All of this information is strictly confidential for Ann's Serenity Day Spa & Salon only, and is to help us better serve you, thank you!

Name:_____ Date:_____
Address: _____ City:_____State: _____ Zip:_____
Home Phone:_____ Work: _____ Cell:_____
Birthday:_____ Profession: _____ Referred by:_____
Email Address:_____

Are you currently taking any medications? If yes, list all, including over-the-counter drugs and herbal supplements. (NOTE: blood thinners and hormone medications are a contraindication.) _____

_____

_____

_____

Are you currently under the care of a physician? If yes, specify (Doctor's name and condition)_____

_____

_____

Have you ever been treated for cancer? If yes, when, and what type(s) of therapies were used? _____

_____

_____

Have you received any other form of hair removal in the last 4 months? If yes, what type? (Laser, IPL, Electrolysis)

_____

_____

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

_____

_____

I confirm the following statements are true:

- In the last 72 hours I have not used a scrub, Retin-A, Retinol OTC, take home microdermabrasion, glycolic peels, other types of peels, exfoliated or tanned. _____(Initial)
- I have not been taking Accutane for at least 12 months _____(Initial)
- I do not have any open skin lesions, active herpes outbreak (cold or genital) _____(Initial)
- For Brazilian waxing only: I am not in my menstrual cycle. _____(Initial)
- I am not pregnant or breast feeding between the series of treatments. _____(Initial)
- I understand that with the treatment, certain risks are involved and that any complications or side effects from known or unknown could occur. I freely assume these risks. _____(Initial)
- I agree to adhere to all safety post care, including: no peels, tanning, or wet rooms. _____(Initial)

I confirm that the information above is correct. It is my responsibility to communicate to my technician any concerns that I may have pertaining to my service. I hereby authorize Ann's Serenity Day Spa & Salon to perform Epilfree Hair Removal, and I understand there may be possible side effects or complications as a result of receiving such services.

Signature: _____Date:_____

Parent or guardian if under 18 years old:_____