indira
AVEDA | SALON SPA

Wax Questionnaire

Name _____ Birthday _____ Male ☐ Female ☐

Address _____ City _____ State _____ ZIP _____

Cell Phone _____ Alternate Phone _____

E-mail address _____ Want to receive e-deals? _____

Have you had professional wax before? What? _____

Were you happy with the results? Why? _____

Describe the brow shape you are looking for: _____

Do you like your brows trimmed as well? _____

Are you under the care of a dermatologist/physician for acne/skin condition? _____

Explain: _____

Do you use any of these medications: Accutane, Retinol, Retin A _____

Are you currently menstruating? ☐ Yes ☐ No

Indicate any service you would like to add onto your appointment today:

☐ Brow Wax ☐ Chin Wax ☐ Brow Tint

☐ Lip Wax ☐ Lash Tint

Would you like a complimentary finishing makeup touchup? _____

I understand that adverse side-effects such as swelling, scabbing or red irritated skin could occur as a result of receiving this wax service and do not hold Indira or its technician responsible.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Services Received _____