Client Consultation Form – *Waxing*

College Name: **Address:**
College Number:
Learner Name: **Profession:**
Learner Number: **Tel. No:** Day
Date: Eve
Client Name:

PERSONAL DETAILS
Age group: Under 20 ☐ 20–30 ☐ 30–40 ☐ 40–50 ☐ 50–60 ☐ 60+ ☐
Lifestyle: **Active** ☐ **Sedentary** ☐
Last visit to the doctor: Can't remember
GP Address:
No. Of children (if applicable):
Date of last period (if applicable):

CONTRAINDICATIONS REQUIRING MEDICAL PERMISSION – in circumstances where medical permission cannot be obtained clients must give their informed consent in writing prior to treatment. ***(select if/where appropriate):***

Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions) ☐
Haemophilia ☐
Any condition already being treated by a GP or another practitioner ☐
Medical oedema ☐
Osteoporosis ☐
Nervous/Psychotic conditions ☐
Recent operations ☐
Diabetes ☐
Trapped/Pinched nerve ☐
Inflamed nerve ☐
Severe varicose veins ☐

CONTRAINDICTIONS THAT RESTRICT TREATMENT ***(select if/where appropriate)***

Fever ☐
Infectious or contagious diseases ☐
Under the influence of recreational drugs or alcohol ☐
Any known allergies ☐
Infectious skin diseases and disorders ☐
Undiagnosed lumps and bumps ☐
Localised swelling ☐
Inflammation ☐
Cuts ☐
Bruises ☐
Abrasions ☐
Scar tissues (2 years for major operation and 6 months for a small scar) ☐
Sunburn ☐
Self tan ☐
Heat rash ☐
Hairy moles ☐
Hormonal implants ☐
Recent fractures (minimum 3 months) ☐
Neuralgia ☐
Hypersensitive skin ☐
Loss of skin sensation ☐
Vascular skin ☐
Hairy moles ☐
Varicose veins ☐
48 hours after sun tanning ☐
Bells Palsy ☐
Abnormal hair growth ☐

Patch Test:
Negative☐ Positive☐
Brand of wax used: Depileve cream Area tested: Wrist Date of test: 1/12/10

Area waxed ***(select if/where appropriate)*****:**

Full leg☐
Bikini line☐
Underarm☐
Half Leg ☐
Forearm☐
Lip ☐
Chin☐

Method used ***(select where appropriate)*****:**
Hot wax☐ Cool wax☐

Details of treatment:
(to include products used)

The client presented for half a leg wax treatment.

- Cleansed lower leg with pre-wax lotion
- Tested the wax on myself and then the client
- Used disposable gloves
- Applied warm wax with the direction of the hair growth and completed the waxing treatment of the lower legs including the knees
- Applied aftercare lotion to the treated area

Client feedback:
My client was very pleased with the finished results although she was a little concerned how many red spots had appeared on her legs, I assured her that this was quite normal and would subside relatively quickly.

After/Home care advice:

- Advised the client to return for treatment in approximately 4 weeks
- Bathe or shower in warm water only, do not use soap on the area for at least 12 hours.
- Avoid using perfumed body lotions/creams.
- Avoid UV light.
- Do not have a heat treatment within 48 hours.
- Do not swim.
- Do not exfoliate the area for at least two days.
- If a reaction should occur, bathe the area with cool water initially, if it does not calm down within 24-48 hours, consult the therapist.

Learner/Therapist Signature……

Client Signature……...