

WAXING INTAKE FORM

Business Name: _____

Date: _____

Client intake form for waxing services collecting contact details, medical history, skin conditions, and service preferences.

** Required fields*

Full Name *

Jane Doe

Email *

jane@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Address

123 Main St, City, State

How did you hear about us?

Options: Google / Instagram / Friend/Referral / Yelp / Walk-in / Other

Services interested in *

Options: Eyebrow Wax / Full Face / Underarms / Arms / Legs / Bikini / Brazilian / Back/Chest / Full Body

Skin type *

Options: Normal / Sensitive / Dry / Oily / Combination

Current medications

Retinol, blood thinners, antibiotics...

Skin conditions

Eczema, psoriasis, rosacea...

Previous waxing experience *

Options: Regular client (monthly+) / Occasional / First time

Preferred wax type

Options: No preference / Hard wax / Soft wax / Sugar wax

Any additional notes or concerns?

Client Signature: _____

Date: _____

Print Name: _____