



Breathe Well — Look Well
Feel Well

393 East Main Street, Hendersonville, TN 37075, 615-824-SALT (7258)



Welcome to Salt MedSpa!

Intake form: Waxing

Please Note: This a fragrance free establishment. Any perfumes, smoke, or scents may cause a severe reaction in others.



Please fill out the form below.

Name: _____ Nickname: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Preferred communication for confirming appointments and other special offers:

Phone _____ Email _____ Text _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Emergency Contact Phone: _____

Allergies: _____

Occupation: _____ Primary Care Physician: _____

Referred by: _____

I, _____, give consent to the service provider at Salt MedSpa to perform the following wax services: _____.

- ☐ I have not used a scrub, Retin-A, Retinol, microdermabrasion, peel, exfoliated or tanned in the last 72 hours.
- ☐ I have been off of Accutane for at least twelve (12) months or have never taken it.
- ☐ Some possible side effects include redness, swelling and pimples, but these are temporary and generally fade within 72 hours.
- ☐ For Brazilian and/or bikini waxing, I will notify my provider if I am on my menstrual cycle.
- ☐ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).
- ☐ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.
- ☐ I agree to adhere to all safety post care including: no peels, tanning or wet room services; no spas/hot tubs for 72 hours after waxing; and all home skin care protocols as recommended by my service provider.
- ☐ I am over 18 years of age or I have parental consent co-signed below.
- ☐ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

My signature acknowledges that I have read and agree to receive the treatments or series of treatments listed above and that I will adhere to all of the aforementioned statements that I have initialed. Lockers have been provided for your convenience, SMS is not responsible for personal items.

Client Signature

Date

Guardian Signature

Date

Service Provider Signature

Date

