



BELLA VIA
Skin and Body Therapies

WAX CLIENT INTAKE FORM

Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ Occupation: _____

(Your email address will be used for appointment confirmations, quarterly newsletters, and to alert you of specials and promotions.)

How were you originally referred to Bella Via? (Please circle and add note if applicable.)

Dr. Colville Dr. Zavell Website Friend: _____ Other: _____

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? _____

Are you currently using Tazorac, Retin-A, Renova, or Differin? _____ What strength? _____

For how long? _____ How frequently? _____ Where do you apply it? _____

Have you ever been on Accutane? _____ If yes, how long ago? _____

Are you currently using any other skin thinning products and/or drugs? _____ Are you diabetic? _____

Please list any other illness or condition you are currently being treated for by a medical professional concerning the area to be treated. _____

When was the last time you have waxed/tweezed/shaved? _____

Please initial:

____ I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically.

____ I am aware that waxing may have certain side effects such as skin removal, redness, swelling, tenderness, etc.

____ I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment.

____ I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

____ I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions.

____ In the event that I may have additional questions or concerns regarding my treatment, I will consult the esthetician immediately.

____ I understand the procedure and accept the risks.

____ I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Signature: _____ Date: _____

Esthetician: _____ Date: _____

Thank you for visiting Bella Via!



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Aesthetic Surgeons, Inc.
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