



Electrolysis Center
9649 Lakewood Blvd
Downey, CA 90240
(562) 417-7449

Client Number:
electrolysis office use only

Client Health History Assessment

Primary Information

Today's Date: MM / DD / YYYY Date of Birth: MM / DD / YYYY

Legal First Name: _____ Middle Initial: _____ Legal Last Name: _____

Preferred Name: _____ Gender Identified as: _____

Street Address: _____ City: _____ State: _____ Zipcode: _____

Phone: **home/mobile** () _____ Email: _____

How can we contact you for appointment changes & reminders? {circle all that apply} Call / Text / Email

Emergency Contact Name: _____ Phone: () _____ Relationship: _____

Hair Removal Information

Areas you are considering for treatment? {circle all that apply}

Head: Lip / Mustache Chin Beard Eyebrows Unibrow Ears {outside} Sideburns Hairline Neck

Body: Armpits Breast / Chest Navel / Happy Trail Bikini / Groin Anus Penis Shaft Upper Back Lower Back

Limbs: Shoulders Upper Arms Lower Arms Hands Fingers Outer Thighs Inner Thighs Lower Legs Feet Toes

Other: _____

Hair Removal Methods

What hair removal methods do you most frequently use? {circle all that apply}

Waxing	Sugaring	Tweezing	Creams	Laser	Threading	Other:
_____ times	_____ times	_____ times	_____ times	_____ times	_____ times	_____ times
per day/wk/mth	per day/wk/mth	per day/wk/mth	per day/wk/mth	per day/wk/mth	per day/wk/mth	per day/wk/mth

Have you ever had electrolysis before? yes / no Electrologist's name: _____ location: _____

Date of last treatment: _____ Body part(s) treated: _____

Total # of treatments: _____ Modality: {circle all that apply} Thermolysis Blend Galvanic Not Sure

Skin reactions to any previous hair removal methods? {circle all that apply}

None Redness Swelling Ingrown Hair Infection Bumps/Pimples Other: _____

Other Information

How did you hear about us? Website Facebook Instagram Pinterest Google Referral ... who? _____

Other: _____

Media Release

Do we have permission to document your hair removal process through your story, pictures and or videos and use them in our company's print and/or digital publications? **Photographs:** yes / no **Videos:** yes / no **Initials:** _____

Client Comments & Questions: _____

Continue to other side →