

Precision Electrolysis of Morris County LLC
 415 Speedwell Ave, 2nd Floor, Right, Morris Plains, NJ 07950
 Phone: (973) 590-2045
 Email: megan.erceg@precisionelectrolysis.net
 Web: www.precisionelectrolysis.net

Client History Form

Name: _____ Today's Date: _____

Previous Hair Removal

Have you had electrolysis in the past? _____ Dates: _____

What area(s) were treated? _____ Was it successful? _____

Skin reactions? _____

3. Have you had any of the following hair removal treatments?

Hair Bleaching: _____ Last Used: _____

Tweezing Frequency: _____ Last Used: _____

Waxing Frequency: _____ Last Used: _____

Cutting Frequency: _____ Last Used: _____

Threading Frequency: _____ Last Used: _____

Shaving Frequency: _____ Last Used: _____

Depilatory Frequency: _____ Last Used: _____

Skin

Do you have any of the following skin disorders? Please circle yes or no.

Acne	YES/NO	Keloids	YES/NO
Eczema	YES/NO	Lupus	YES/NO
Dermatitis	YES/NO	Vitiligo	YES/NO
Psoriasis	YES/NO	Hives	YES/NO
Lipomas	YES/NO	Petechiae	YES/NO
Rashes	YES/NO	Cancer	YES/NO

Other _____

If yes, please explain:

Are you prone to any of the following skin irritations? Please circle yes or no

Swelling YES/NO Oiliness YES/NO Dryness YES/NO Pigment Changes YES/NO

Itching YES/NO Other _____

If yes, please explain:

Do you have any allergies? (Latex, Topical Creams, ect.) YES/NO

If yes, please explain:

Have you ever had problems with your skin healing? YES/NO

If yes, please explain:

Have you ever had sensitivity to sunlight? YES/NO

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If yes, please explain:

6. Have you been treated for of the following medical conditions? Please circle yes or no.

Heart Issue/Pacemaker	YES/NO	Tuberculosis	YES/NO	Contact Lenses	YES/NO
High Blood Pressure	YES/NO	Herpes	YES/NO	Allergies	YES/NO
Diabetes	YES/NO	Epilepsy	YES/NO	Canker Sores	YES/NO
Hemophilia	YES/NO	HIV	YES/NO	Cold Sores	YES/NO
Circulatory Problems	YES/NO	Hepatitis	YES/NO	Latex Allergy	YES/NO
Cancer	YES/NO	Nerve Disorder	YES/NO	Metal Pins	YES/NO
Tumors	YES/NO	Hearing Aid	YES/NO	Moles	YES/NO

If yes, please explain:

Medications

Are you currently using or have ever used Retin-A, Accutane, Rambazole, Absorbica or any other medication? YES/NO If yes please explain when _____

Hormones

Is your hormone function normal? YES/NO

If no, please explain: _____

Have you experienced rapid changes in your weight or voice? YES/NO

If yes, please explain: _____

Have you ever talked to your physician about your hair growth? YES/NO

If yes, please explain: _____

Are you familiar with PCOS? YES/NO

Women

Do you have regular periods? YES/NO

Do you take birth control pills? YES/NO

Are you currently pregnant or trying to get pregnant? YES/NO

Are you in menopause? YES/NO

Are you post-menopausal? YES/NO

Have you had a hysterectomy? YES/NO

Have you had your ovaries removed? YES/NO

Have you ever had ovarian cysts? YES/NO

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I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that it is my obligation to notify Precision Electrolysis of Morris County LLC of any changes as it is critical to my treatment.

Client Signature

Date

Client Printed Name