

**Professional Electrolysis  
Health History/Hair Removal Form**

<b>Date of Consultation:</b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>D.O.B.:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State / Zip:</b>	
<b>Primary phone:</b>		
<b>Email Address:</b>		

**Health History:**

Acne	Yes / No
AIDS/HIV	Yes / No
Allergies	Yes / No
Carcinoma	Yes / No
Dermatitis	Yes / No
Diabetes	Yes / No
Diseases	Yes / No
Eczema	Yes / No
Epilepsy	Yes / No
Genital Herpes	Yes / No
Heart Condition	Yes / No
Hemophilia	Yes / No
Hepatitis	Yes / No
Herpes Simplex	Yes / No
High Blood Pressure	Yes / No
HRT	Yes / No
Illnesses:	Yes / No
Keloid Scarring	Yes / No
Metal in body	Yes / No
Pacemaker	Yes / No
Photosensitivity	Yes / No
PCOS	Yes / No
Seizures	Yes / No
Surgeries	Yes / No
Tattoos	Yes / No

**Medications:**

Acutane	Yes / No
Antiviral	Yes / No
Asprin	Yes / No
Cortizone	Yes / No
Coumadin	Yes / No
Dilantin	Yes / No
Estrogen	Yes / No
Herbs	Yes / No
Medications:	Yes / No
Minerva	Yes / No
Minoxidile	Yes / No
Progesterone	Yes / No
Spiranilactone	Yes / No
Testosterone	Yes / No
Tomoxfin	Yes / No
Vanica	Yes / No
YAZ	Yes / No

**Other Meds:**

**Health Condition Not Listed:**

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**Female Health History:**

Birth Control	Yes / No
Fertility Medication	Yes / No
Hormonal Imbalances	Yes / No
Regular Periods	Yes / No
Infertility	Yes / No
IUD	Yes / No
In Menopause	Yes / No
Peri-Menopause	Yes / No
Post-Menopause	Yes / No
Pregnant	Yes / No
Pregnancies	Yes / No

Skin Conditions	Skin Type	Skin Care Used
Dermatitis      Warts      Blk Heads	Dry	
Skin Tags      Cold Sores      Acne	Oily	
Cherry Angiomas      Keratosis      Cancer	Combination	
Moles      Wht Heads      Capillaries		

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**Past Hair Removal Methods:**      Threading Electrolysis Laser Hair Removal Waxing  
   Tweezing Shaving Cutting Dipilatory Bleaching Sugaring

**Previous Electrolysis Treatments:**

\_\_\_\_\_  
**Frequency:** \_\_\_\_\_  
**Date of last treatment:** \_\_\_\_\_  
**Areas treated:** \_\_\_\_\_

**Previous Laser Treatments:**

\_\_\_\_\_  
**Frequency:** \_\_\_\_\_  
**Date of last treatment:** \_\_\_\_\_  
**Areas treated:** \_\_\_\_\_

**Additional Notes:**

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