AIMS ELECTROLYSIS CENTER

Permanent Hair Removal — Client Consultation Form

Please complete this form before your consultation. Your information helps us understand your needs and plan a safe, personalised electrolysis treatment.

Personal Details

Full name *

Date of birth *

Phone number *

Email address *

Address

Preferred pronouns (optional)

Occupation (optional)

About Your Treatment

Area(s) you would like treated *

Have you had electrolysis before? ■ Yes ■ No

If yes, when and for how long?

Have you had laser/IPL hair removal on this area? ■ Yes ■ No

If yes, approximately when?

How do you currently remove the hair?

■ Shaving ■ Tweezing ■ Waxing ■ Threading ■ Epilator ■ Laser/IPL ■ Other: _____

When did you last tweeze/wax/thread the area?

How long have you been concerned about the unwanted hair?

What would you like to achieve with electrolysis?

Medical & Health Information

Do you have any medical conditions? ■ Yes ■ No

If yes, please provide details

Are you currently taking any medications or supplements? ■ Yes ■ No

If yes, please provide details

Do you have any allergies or sensitivities? ■ Yes ■ No

If yes, please provide details

Do you have a pacemaker or other implanted electrical/medical device? ■ Yes ■ No

Do you have any metal implants? ■ Yes ■ No

Are you pregnant or breastfeeding? ■ Yes ■ No ■ N/A

Do you have diabetes? ■ Yes ■ No

Do you have a history of keloid or abnormal scarring? ■ Yes ■ No

Do you currently have any skin infection, open wound, irritation, or active skin condition in the treatment area? ■ Yes ■ No

Have you recently used prescription retinoids or other prescription skin medications? ■ Yes ■ No

Is there anything else about your health or skin that you feel your electrologist should know?

Hormonal Hair Growth

Have you been diagnosed with, or are you currently being assessed for, a hormonal condition that may affect hair growth? ■ Yes ■ No ■ Unsure

Have you noticed any recent or sudden change in hair growth? ■ Yes ■ No

If yes, please provide details _____

How Did You Hear About Us?

■ Google ■ Facebook ■ Instagram ■ Friend/Family ■ Healthcare professional ■ Other: _____

Client Declaration

I confirm that the information I have provided is accurate and complete to the best of my knowledge. I understand that I should inform my electrologist of any changes to my health, medications, skin condition, or other relevant circumstances before treatment.

I understand that electrolysis generally requires a series of treatments and that treatment duration and results vary depending on individual hair growth, treatment history, hormonal factors, and other individual circumstances.

I understand that temporary redness, swelling, tenderness, or other skin reactions may occur following electrolysis. The treatment, expected reactions, aftercare, potential risks, and any questions I have will be discussed with me before treatment.

■ I have read and understood the above information.

■ I consent to being contacted regarding my consultation and appointments.

■ I agree to AIMS Electrolysis Center's privacy and cancellation policies.

Client name _____

Signature _____

Date _____

Thank you for completing your consultation form. Your information will be reviewed before your consultation.