

## CLIENT INFORMATION AND HEALTH HISTORY

### Personal Information:

Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

Email Address : \_\_\_\_\_ Referred By: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Photographs to show progress: Yes No

### Parts you would like to treat:

Eyebrows	Chin	Sideburns	Neck	Bikini Line	Ears	Nose
Upper Lip	Breast	Arms	Stomach	Legs	Hairline	Hands
Lower Lip	Back	Toes	Feet	Chest	Underarms	

Have you noticed sudden hair growth or changes Yes No

Explain: \_\_\_\_\_

Problems with skin healing Yes No Explain: \_\_\_\_\_

Any pre-existing skin conditions (scarring, acne, pigmentation, rash, growths):  
\_\_\_\_\_

Botox, Restylane or Juvederm within the last two weeks? If so where \_\_\_\_\_

Do you have any metal objects in body or body piercings? If so where \_\_\_\_\_

### Medical History:

Pregnant	Herpes
PCOS	Hepatitis (B-A-C)
Diabetes	High Blood Pressure
Pacemaker	HIV
Fever Blisters	Keloids
Thyroid	

### Medications:

Accutane
Retin A
Hormone Therapy
Anticoagulants
Other _____

### Allergies:

Stainless Steel
Topical Anesthetics
Latex
Cosmetic Products
Which Hazel
Other _____

**Menstrual History:** Regular Irregular Menopause

If post menopausal, did you notice increase/decrease of hair? Yes No

**Methods Used:** Electrolysis Laser Tweezing Threading  
Razor Waxing Depilatories Last Used \_\_\_\_\_

I understand health history is important in order to provide me with safe and effective treatments. I acknowledge all the information given by me is accurate to the best of my knowledge and I agree to update my health history whenever there are changes. I have been advised of the post-treatment healing process, the possible risks to treatment and agree to follow all aftercare instructions and to notify the electrologist of any difficulty in healing.

\_\_\_\_\_  
Client Signature\_\_\_\_\_  
Date

## **INFORMED CONSENT FOR ELECTROLYSIS HAIR TREATMENT**

I am aware that electrolysis does involve a series of treatments which can be completed in approximately one to three years depending on what is causing the hair growth and what means of temporary hair removal has been used. Persons that have been tweezing an are for years will require more treatments in that area because the hairs will be coarse and distorted. Hairs that have not been tweezed will require less treatments due to their soft texture and shallow roots. It is important to stay on a regular schedule due to the cycle in which hair grows (between 4-8 weeks). After a series of consistent treatments (between 4-6 months), the regrowth will become less and more time between office visits will be scheduled.

The treatments, expectations from the treatment, and post treatment care have been explained to me and my questions regarding the treatment have been answered to my satisfaction.

I understand that the treatment works on actively growing hairs and follicles and not on any that are dormant. For this reason, it requires several sessions to complete a course of treatment.

I am aware of the following possible risks associated with this treatment including, but not limited to:

Infection - skin infections can occur any time the skin is broken.

Discomfort - some discomfort may be experienced during this treatment. Topical anesthesia may be used if necessary.

Pigment changes (skin color) - during the healing process, the treated areas may become darker or lighter than the surrounding skin. This is usually temporary but, on rare occasions, may be permanent.

I certify that I have read this entire consent form and that all of my questions have been answered, and I understand and agree to the information provided above. I consent to and authorize Electrolysis Center, Claudia Lira and staff to perform electrolysis.

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Client Signature

Date