

Precision Electrolysis of Morris County LLC

637 Speedwell Ave. Morris Plains, NJ 07950 | 973-590-2045

Email: [megan.erceg@precisionelectrolysis.net](mailto:megan.erceg@precisionelectrolysis.net) | Web: [www.precisionelectrolysis.net](http://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? \_\_\_\_\_

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

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If yes, please explain:

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

If yes, please explain:

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Have you ever had sensitivity to sunlight? YES/NO

If yes, please explain:

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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:

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**Medications**

Are you currently using or have ever used Retin-A, Accutane, Ranzazole, 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

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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.

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Client Signature

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Date

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Client Printed Name