

# Advanced Electrolysis & Day Spa

*A Limited Liability Company*

## Electrolysis Consultation Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ Text ok? Yes / No  
Age: \_\_\_\_\_ Gender: M F TM TF Birthdate: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Are you under a Dr's care? Yes / No  
Medications: \_\_\_\_\_  
Are you on any of these skin care medications? (circle all that apply)  
AHA / Glycolic Acid Retin-A / Renova Accutane Differin  
Illnesses/Disorders: \_\_\_\_\_

### **Medical History**

Allergies	Yes / No	_____
Psoriasis	Yes / No	_____
Blood Disease	Yes / No	_____
Herpes Simplex	Yes / No	_____
Hepatitis	Yes / No	_____
Diabetes	Yes / No	_____
Carcinoma	Yes / No	_____
Circulatory Disorder	Yes / No	_____
Epilepsy	Yes / No	_____
Internal Defibrillator	Yes / No	_____
Pacemaker	Yes / No	_____
Metal Implant	Yes / No	_____
X-Ray Treatments	Yes / No	_____
Menopause/Hysterectomy	Yes / No	_____
Regular Periods	Yes / No	_____
Pregnant	Yes / No	_____
Birth Control	Yes / No	_____

### **Hair Removal Methods**

Have you ever received electrolysis before? Yes / No If yes, how long? \_\_\_\_\_  
Current or Previous forms of hair removal:  
Razor Tweezing Depilatory Wax Other  
What areas are you interested in treating? \_\_\_\_\_  
Before and after pictures ok? Yes / No

You agree that the information provided is correct and accurate. You are responsible to tell the electrologist of any changes to your health over the course of your treatment including changes in medication.

We value your time and schedule greatly. If you are late or need to leave early, you will have to pay for the full scheduled time. If you are needing to cancel or reschedule, there is a **24 hour notice requirement**. Failure to do so will result in charging you for the time not used.

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

Signature of legal guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_