

ATS ELECTROLYSIS CLIENT HISTORY

Photographs to show progress: Yes No
Photograph privacy requested: Yes No

Personal Information:

Name: (last, first) _____ Date of birth: _____ Age: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Tel: _____ Cell Tel: _____
Work Tel: _____ Email Address: _____
Instructions for calling/leaving a message: _____

How did you hear about us: Newspaper Phonebook Website
 Referred by: _____

Parts of the body you would like to treat:

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

Type of Skin: Sensitive Oily Dry Other: _____
Have you noticed sudden hair growth or changes? Yes No

Explain: _____

Problems with skin healing: _____ Explain: _____

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

Medical History:

Hemophiliac Pregnant
 Pacemaker Persistent Bleeding
 PCOS Asthma
 Epilepsy Hepatitis (B-A-C)
 Diabetes High Blood Pressure
 HIV Herpes Simplex

Medications:

Anticoagulants
 Accutane
 Retin A
 Hormone Therapy
 Cortisone
 Other: _____

Allergies:

Iodine
 Cosmetic Products
 Stainless Steel
 Topical Anesthetics
 Other: _____

Menstrual History: Regular Irregular Menopause
If post-menopausal, give date of last menses _____ Did you notice increase/decrease of hair? Yes No

Comments on the above: _____

Attending Physician: _____

Methods Used: Laser Tweezing Threading Depilatories
 Electrolysis Razor Waxing

Remarks: _____

I understand health history is important to the electrolysis 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 assessment 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

Parent/Guardian Signature of minor

Date