GENERAL HEALTH QUESTIONS

Current medications _____

Reason for medications _____

Past medications _____

Reason for medications _____

Circle all conditions, past and present that apply:

Acne	Allergy to Metal	Hepatitis	Healing Problems
Allergy to Aspirin	Cold Sores	Herpes	Metal Implants
Allergy to Latex	Diabetes	HIV	Body Piercings
Cardiovascular disease	High Blood Pressure		Pacemaker
Breathing Problems	Pigment Problems	TB	Warts
Cancer	Skin Tags	Keloids	Current Pregnancy

Other conditions or allergies: _____

Date of last complete physical: _____

Electrologist notes: _____

_____

ACKNOWLEDGMENT OF INFORMATION *(please initial each paragraph)*

I understand health history information is important to the Electrologist in order to provide me with safe and effective electrology treatments. I acknowledge all 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 understand that a series of treatments is necessary to achieve permanent hair removal based on my previous temporary methods of hair removal, the science of electrology, and my individual physiological factors. _____

I have been advised of the post-treatment healing process; the possible risks related to treatment, I agree to follow all aftercare instructions and to notify the Electrologist of any concerns or difficulty in healing. _____

Patient/client signature Parent/guardian signature for minor Date

Electrology Notes on Skin & Hair Condition in areas to be treated *(Patient Initial)* _____

Hair Type: vellus accelerated vellus medium terminal deep terminal

Hair Density: 0-15 per sq cm 16-25 per sq cm 26-35 per sq cm 36-50 per sq cm >50

Skin Type: I II III IV V dry combination oily dehydrated moist

Skin Pigmentation: PIH Vitiligo Chloasma Freckles

Other Observations: _____

Skin Texture: fine medium coarse

Skin Irregularities: Superficial Acne Deep Acne Moles Keratosis

Other Observation: _____

_____