CONFIDENTIAL CASE HISTORY/HEALTH ASSESSMENT

NAME				GENERAL HEALTH			
ADDRESS				ALLERGIES	☐ YES ☐ NO	MITRAL PROLAPSE	☐ YES ☐ NO
CITY	STATI	EZIF)	HEART CONDITION	☐ YES ☐ NO	HERPES SIMPLEX	☐ YES ☐ NO
PHONE: HOME:		MOBILE:		HEPATITUS	☐ YES ☐ NO	CARCINOMA	\square YES \square NO
PHONE: HOME:E-MAIL		D.O.B		HEMOPHILIA	☐ YES ☐ NO	BLOOD PRESSURE	\square YES \square NO
				HODGKINS DISEASE	\square YES \square NO	PACEMAKER	\square YES \square NO
REFERRED BY: ELECTROLOGIST FRIEND RELATIVE FRIEND				EPILEPSY	\square YES \square NO	METAL IMPLANT	\square YES \square NO
□ DOCTOR □ FRIEND □ FRIEND □ ONLINE (YP.COM, YELP, GOOGLE, FACEBOOK, ETC) □				SURGERY	\square YES \square NO	INFECTIOUS	\square YES \square NO
UNLINE (YP.COM, YELP,	GOOGLE, FACEBOC	JK, ETC)		DIABETES	\square YES \square NO	BLOOD DISEASE	
MEDICATIONS							
PREVIOUS ELECTROLOGY TREATMENT? □YES □NO				ENDOCRINE SYSTEM			
DATE OF TREATMENT: INITIAL LAST LENGTH OF TREATMENT: LENGTH OF TREATMENT:				GLANDULAR DYSFUNCTION	ON	PREGNANCY	\square YES \square NO
FREQUENCY:	LENGTH	H OF TREATMENT:		THYROID	\square YES \square NO	HYSTERECTOMY	\square YES \square NO
TEMPODADY DEMOVAL	HOW OFTENS		LIOW OFTENS	PITUITARY	\square YES \square NO	BIRTH CONTROL	\square YES \square NO
TEMPORARY REMOVAL TWEEZERS		MAY DVECDNO	HOW OFTEN?	ADRENAL	\square YES \square NO	MENOPAUSE	\square YES \square NO
DEPILATORY		WAX		OVARIAN	\square YES \square NO	REGUALR PERIODS	\square YES \square NO
		OTHER YES NO			CAIN DICOBL	NEDC/TDEATMENT	
CLIPPING				SKIN DISORDERS/TREATMENT			
AREAS REQUESTED TO BE TREATED				ACNE	☐ YES ☐ NO	MELANOMA	☐ YES ☐ NO
☐ CHIN	☐ ARM	☐ TOES		ECZEMA	☐ YES ☐ NO	RETIN A	☐ YES ☐ NO
☐ UPPER LIP	☐ FINGERS	☐ EXTERNA	L EAR LOBE	HIVES	☐ YES ☐ NO	CHEMICAL PEEL	☐ YES ☐ NO
□ BROW	☐ ABDOMEN	☐ EXTERNA	L NOSE	FOLLICULITIS	☐ YES ☐ NO	LASER	☐ YES ☐ NO
☐ HAIRLINE	☐ BIKINI LINE	\square BACK		KELOIDS	☐ YES ☐ NO	COLLAGEN (INJECTABLE)	
☐ BREAST	☐ LEGS	\square OTHER		MICRODERMABRASION		IF YES: AREA	
UNDERARM	☐ FEET			PSORIASIS	☐ YES ☐ NO	OTHER:	
provided is true and compliant informed decision to proceed	lete to the best of reed with my electro	my knowledge and I agre plogy treatment. I unders	e to inform my ele stand permanent l	nent hair removal, but does ectrolysis of changed. I have hair removal requires a serie	received a throus of treatments	ugh consultation and feel I h	nave made an ave been advices
ELECTROLOGIST REMARKS HEATH ASSESSMENT-CLEN		AIL					
SKIN CONDITION: PRETREA	ΔΤΜΕΝΙΤ		POS	ST TREATMENT			
		ARE	AS TREATED				
		TO	LERANCE	AFTER CARE			
PROGNOSIS		10					
COMMENT							