

CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate treatment, we need you to complete the following questionnaire. All information is strictly confidential.

PERSONAL HISTORY

Client Name _____ Today's Date _____

Date of Birth _____ Age _____ Occupation _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Email Address _____

How were you referred to us? _____

Do you regularly use tanning salons or sun bathe? _____ How often? _____

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No

If yes, for what: _____

Are you currently under the care of a dermatologist? Yes No

If yes, for what: _____

Do you have any of the following medical conditions? (Please check all that apply)

Cancer Diabetes High blood pressure Herpes Arthritis

Frequent cold sores HIV/AIDS Keloid scarring Skin disease/Skin lesions

Seizure disorder Hepatitis Hormone imbalance Thyroid imbalance

Blood clotting abnormalities Any active infection

Do you have any other health problems or medical conditions? Please list: _____

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced) Food Latex Aspirin Lidocaine Hydrocortisone

Hydroquinone or skin bleaching agents Others: _____

MEDICATIONS

What oral medications are you presently taking? Birth control pills Hormones

Others (Please list): _____

Are you on any mood altering or anti-depression medication? _____

Have you ever used Accutane? Yes No, If yes, when did you last use it? _____

What topical medications or creams are you currently using? Retin-A® Others (Please list):

What herbal supplements do you use regularly? _____

HISTORY

Have you ever had laser hair removal? Yes No

Have you used any of the following hair removal methods in the past six weeks?

Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

Do you form thick or raised scars from cuts or burns? Yes No

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? Yes No If yes, please describe: _____

For our female clients:

Are you pregnant or trying to become pregnant? Yes No Are you breastfeeding? Yes No

Are you using contraception? Yes No

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature _____ Date: _____

ELECTROLYSIS CONSENT FORM

Tina Rodriguez, LE, CCE, CPCP
Board Certified Clinical Electrologist

This consent form is designed to verify that you have been satisfactorily informed and educated in respect to electrolysis, alternatives to electrolysis and the care required post-treatment.

Electrolysis is the only permanent treatment of unwanted hair recognized by the FDA. However, "permanent" should not be confused with immediate. To permanently eliminate presently active hair follicles within a specific area requires a series of treatments over a period of time.

Electrolysis results are dependent upon:

- Treating hairs in the anagen (active) growth cycle in which the blood supply is nourishing the hair for best permanency. Permanency is achieved when all germinative cells within the follicle are destroyed. Certainly, there are times that hair may reappear from a previous treated follicle if the germinative cells were not destroyed. Electrology involves labor intensive, intricate, precision procedures requiring professional judgment.
- Inserting the probe at the correct angle and depths to target the lower 2/3 of the hair follicle using various equipment settings, techniques, tactile skill to attempt permanency even though the electrologist cannot see below the surface of the skin. The angle the hair is growing from the skin is used as a guide for the insertion.
- Heredity and/or systemic influences (*i.e. natural aging, hormone levels, receptor cell sensitivity, medications and stress*). Fine hairs may convert to coarser hairs over a period of time if your body chooses to do so. Consequently, the electrologist cannot control your hereditary or systemic influences.
- Not tweezing or waxing between treatments. The hair must be present to be treated.

Other hair removal options include: Shaving, Tweezing, Waxing, Depilatories and Laser/Pulsed-Light (*permanent hair reduction*).

After care instructions for electrolysis are as follows:

- Avoid touching treated areas with your hands because freshly treated skin is compromised skin and is more susceptible to contamination. Hand washing or use of an alcohol based hand gel is helpful to decontaminate hands.
- Wipe the treated area 2-3 times throughout the day post-treatment with a skin antiseptic such as Bactine®, Sea Breeze®, Witch Hazel, or 70% Rubbing Alcohol. Please choose one that will agree with your skin.
- Apply antibiotic cream (*if needed*)
- Any makeup that is applied to the treated area the day of the treatment should not be contaminated. Makeup contaminated with bacteria may cause an infection.
- Do not use abrasive action on the freshly treated area until healed. This includes scratching, scrubbing, shaving, bleaching, depilatories and use of prescription retinoids such as Adapalene®, Epiduo®, Avita®, Retin A®, Renova®, Differin®, Atralin® as well as any other skin sensitizer.
- Minimize exposure to the sun and avoid tanning beds for 48 hours after treatment. Freshly treated skin burns easily. Excessive tanning of electrolyzed areas may temporarily tan unevenly.
- Avoid exposure of the treated area to contaminated water for the first 48 hours to help avoid infection.
- Most people exhibit temporary puffiness, redness or irritation to the treated area immediately after treatment. This generally fades within a few hours depending on the coarseness and density of the treated area as well as your skin type and sensitivity.
- An insertion may puncture a capillary and potentially cause a small bruise, which may take 7-10 days to fade.
- If there are any small crusts, little red spots or tiny pimples which show the day after treatment please allow to heal and do not pick at the skin.
- If you have a fever blister, which is a shedding virus, there is a possibility of you spreading the herpes virus to any freshly treated area. Therefore, for your safety please call and reschedule your appointment.
- Scarring, infection, hyper-pigmentation, and hypo-pigmentation issues are not typical but must be mentioned to fully disclose adverse possibilities.
- Do not tweeze or wax visible hairs. Clipping or shaving is preferred so the hair will be available for removal at the next treatment. Allow 3-5 days of growth prior to treatment.
- **Do communicate any issue with Tina on her cell # 913-980-9242.**

Consent to electrolysis treatment

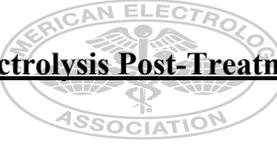
I am aware of the benefit and risk of electrolysis services as well as alternative hair removal methods. I have read and understand the post-treatment home instructions since adherence can minimize or eliminate possible negative reactions. I understand that there is no implied or stated guarantee of success since the electrologist cannot control the cause of my hair growth or whether I adhere to protocol for best success. I understand that electrology services are not a substitute for medical examination, diagnosis or care. Kindly give 48 hours appointment cancellation notice; illness, weather and emergencies are expected. Payment for no shows required at next visit. Communicate to Tina any changes in medications and health history. I give my consent for electrolysis treatment(s).

Printed Name _____

Signature (*client*) _____ Date ___/___/___ Time _____

Signature (*parent/guardian, if minor*) _____

Signature of Witness _____ Date ___/___/___



Your Electrolysis Post-Treatment Care

A complete past and current health history assessment was obtained during your initial consultation. Should there be any changes in your health status, please inform your electrologist so the information can be documented on your health form. Your general health status can impact normal healing. Prior to each treatment, inform your electrologist of any skin reaction in the treated area, or of any treatment-related concerns when they occur. Most people exhibit little or no post-treatment manifestations. Puffiness, redness, irritation, or small scabs may be part of the normal healing process for certain skin types and when hair is coarse or dense. These manifestations are temporary and will disappear with proper care. Good hygiene is an essential part of your post-treatment care. Your skin is a protective barrier; it takes approximately 24 hours for a treated follicle to begin healing from within and 48 hours to complete the healing process. For this reason, it is very important that you follow the post-treatment procedures recommended by your electrologist.

- DO keep hands off the treated area.
- DO apply ice to area, if needed.
- DO apply topical antiseptic 2-3 times a day (e.g.: witch hazel or 70% alcohol) today and tomorrow.
- DO apply antibiotic cream (if needed).
- DO cleanse your skin GENTLY with a mild soap or cleanser.
- DO avoid caffeine (coffee, tea, or cola's) prior to treatment as it may increase sensitivity.
- DO NOT rub, scratch, or squeeze the treated area as this can result in infection or potential scarring. Avoid similar irritations from the use of abrasives or loofahs.
- DO NOT apply heavy creams or makeup to the treated area for 24 hours. If makeup must be applied, use fresh, oil-free makeup, kept free of bacterial contamination.
- DO NOT tweeze, pluck, wax visible hairs. Clipping or shaving is preferred, so the hair will be available for removal the next treatment. Allow 3-5 days' growth prior to treatment.
- DO NOT swim in non-chlorinated water or use saunas, hot tubs, or other source of extreme heat for 24 hours following treatment.
- DO NOT sunbathe or tan for 48 hours unless treated area is covered.
- DO NOT pick eschars (tiny scabs) if they appear or scarring may occur. Sensitive skin may exhibit scabbing, which is part of the natural healing process.

If you have any reaction that appears related to your treatment, please contact me.

ADDITIONAL INSTRUCTIONS: