Studio name _____

Electrolysis consent and health form

This takes about four minutes. It covers your series of treatments; before each later session you answer a short check.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Mobile phone

Email

Home address
Street address

City, state, ZIP

Photo of your ID

Attach a copy of the photo ID to this form

Emergency contact

Your skin type

Your treatment

Which areas would you like treated?

What have you used on these areas before?

☐ Shaving ☐ Waxing or threading ☐ Plucking ☐ Laser or IPL ☐ Electrolysis ☐ Nothing

Health questions

These questions are the studio's own policy. They help your electrologist plan a safe treatment. They aren't medical advice: if you have a question about your health or your medicines, ask your doctor.

Are you pregnant or nursing?

☐ Yes ☐ No

Have you taken isotretinoin (Accutane or a similar acne medicine) in the last 6 months?

☐ Yes ☐ No

When did you stop?

Do you have a pacemaker, defibrillator or another implanted electronic device?

☐ Yes ☐ No

Which device?

Do you have metal implants, plates or pins near the area?

☐ Yes ☐ No

Where?

Are you allergic to nickel or other metals?

☐ Yes ☐ No

Do you take blood thinners, or aspirin, ibuprofen or fish oil regularly?

☐ Yes ☐ No

Which ones?

Do you have diabetes?

☐ Yes ☐ No

Do you have a condition or take a medicine that slows healing or affects your immune system?

☐ Yes ☐ No

Tell us a little more.

Do you scar easily or form raised scars (keloids)?

☐ Yes ☐ No

Do you have a skin condition, open wound or rash on or near the area, such as eczema, psoriasis or vitiligo?

☐ Yes ☐ No

Which one?

Is there a mole, birthmark or spot in or near the area that has changed, or have you had skin cancer there?

☐ Yes ☐ No

Tell us a little more.

Do you get cold sores (fever blisters)?

☐ Yes ☐ No

Do you bruise easily?

☐ Yes ☐ No

Anything else your artist should know about your health?

What you agree to

How electrolysis works

Electrolysis treats one hair follicle at a time with a fine probe and a small electric current. Most areas take many sessions over months, usually 1 to 4 weeks apart (the studio sets this), and results vary.

Initials

After each session

Redness, swelling and tiny scabs are common for a few days. Risks include infection, lighter or darker spots and small scars.

Initials

Implants and devices

I told the electrologist about any pacemaker, implanted electronic device or metal implant.

Initials

My answers

I answered the health questions truthfully. I'll tell the clinic before each session if anything changes.

Initials

Alcohol and drugs

I'm not under the influence of alcohol or drugs.

Initials

Package and appointments

Time in a package is used per appointment. Moving an appointment needs at least 48 hours' notice; a missed appointment without notice uses that time from your package.

Initials ☐

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature _____ **Date** _____

Printed name _____

For the electrologist (For the studio)

Treatment notes

Method

☐ Galvanic ☐ Thermolysis ☐ Blend

Probe type and size

Intensity

Timing per follicle

Area treated this session

Treatment time

Probes used

Session photos

Attach a copy to this form