

Summer Breeze Electrolysis

Confidential Client Information Form

Today's Date:

Personal Information

Name:	First	Last
Date of Birth:		
Address:		
Home Phone Number:		
Mobile Phone Number: Okay to use this number for messaging?		
Other Contact Name/Number:		
Referred by:		

General Information

Areas to be treated:	
Have you had electrolysis before?	
Have you had laser hair removal before?	
Have you had other types of hair removal?	

Medical Information

Are you presently under a physician's care for any skin condition or other medical condition?	
Are you pregnant?	
Do you have any neck or back issues or other special needs that might be a concern during treatment?	
Do you take hormones or birth control pills or HRT? If so, please provide details	
Do you wear contacts?	
Do you smoke?	
Have you had skin cancer?	
Do you have any allergies to food, cosmetics, drugs or fragrances?	
Please list any other oral or topical medications you are presently taking:	
Are you aware of any condition that may have affected your endocrine system?	
Have you had or have been affected by: (Please circle at that apply)	Asthma? Cardiac Problems? Depression? Anxiety? Needle Phobia? Eczema? Headaches – chronic? Hepatitis? Herpes? Hysterectomy? Immune Disorders? IUD? Keloid? Lupus? Metal bone, pins or plates? PCOS? Pacemaker? Sinus problems? Urinary or kidney problems?
Dated:	
Signature:	