

Electrolysis Intake Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone: (    ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had electrolysis before?\_\_\_\_\_\_\_\_\_

If yes, what parts of your body did you have treated?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, over what period of time did you receive treatments and how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, did you see results/reduction from your electrolysis treatments?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any metal screws or plates in your body?\_\_\_\_\_\_\_\_\_

If yes, where are they located?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time you tweezed, waxed or threaded in proposed area?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General & Medical Information: (all records will remain strictly conﬁdential, please check all that apply)

Hepatitis\_\_\_\_ Skin Rash\_\_\_\_ Herpes/Cold sore\_\_\_ Acne/ Blemishes\_\_\_ Active Infections\_\_\_ Birth Control\_\_\_ Cancer Polycystic Ovarian Syndrome\_\_\_ Epilepsy\_\_\_ Menopause\_\_\_

Adrenal Issues\_\_\_ Hormone Imbalance\_\_\_ Diabetes\_\_\_ Currently Pregnant\_\_\_\_\_

Unpleasant or unusual reaction to any form of hair removal (electrolysis, laser, waxing, etc.)

Please explain if Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby waive and release Bella MediSpa & Salon and its staff/consultants from liability pertaining to the procedures noted above. I understand that by accepting this waiver and release, I expressly and willingly agree to assume complete responsibility for any risk of injury that may arise from the above services now or in the future. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_/\_\_\_/\_\_\_