Personal Information

Last Name: First Name:

Sex:

Address:

Cell Phone: Home Phone:

Email: Work Phone:

Date of Birth:

Reference:

Date:

Medical Information

Attending physician:

Medication:

- ❏ Natural products
- ❏ Cortisone
- ❏ Persistent bleeding
- ❏ Arterial disease
- ❏ Menopause
- ❏ Pregnancy
- ❏ AIDS
- ❏ I.U.D.
- ❏ Blood circulation problems
- ❏ Metallic inclusion
- ❏ Infectious disease
- ❏ Saline implants
- ❏ Hormones
- ❏ Oral contraceptives
- ❏ Anticoagulants
- ❏ Anti-inflammatories
- ❏ Thyroid
- ❏ Hepatitis (A-B-C)
- ❏ Diabetes
- ❏ Sensibility loss
- ❏ Cancer/remission
- ❏ Piercing
- ❏ Asthma
- ❏ Contact lenses
- ❏ Antibiotics
- ❏ Epilepsy
- ❏ Scars
- ❏ Nervous disorders
- ❏ Hemophilia
- ❏ Dental implants
- ❏ Herpes
- ❏ Vitiligo
- ❏ Skin cancer
- ❏ Tattoo
- ❏ Pacemaker

Allergies:

❏ To cosmetic products ❏ To latex ❏ To iodine

❏ Others:

Do you undergo or have you ever undergone:

❏ Vitamin A (retinoic acid) ❏ Accutane ❏ Gold salts

❏ Chemical peeling ❏ Laser ❏ Microdermabrasion

Last exposure to sun, sunbed or use of self-tans?

Have you ever noticed a sudden growth of your hair? ❏ Yes ❏ No

When? Where?

Temporary Methods

❏ Razor ❏ Scissors ❏ Wax

❏ Bleach ❏ Abrasives ❏ Depilatories

❏ Others: Frequency:

Permanent Methods

❏ High Frequency ❏ Combined Currents (blend)

Approximate number of sessions: Interval:

Reduction Methods

❏ Laser ❏ IPL

Approximate number of sessions: Interval:

Hair Exam

Density: Color:

State: Texture:

Abnormalities & Affections:

Remarks:

Skin Exam

Texture: Abnormalities:

Secretion: Affections:

Moisture: Sensitivity:

Remarks:

I declare that I have answered to all of the above questions to the best of my ability and I release this establishment, its manager and its employees of all responsibility concerning any damage or incident that may result from the treatment.

Signature: Date:

Treatments

	Date	Area	Time	Technique	Parameters	Probe	Remarks	Initials
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								