

# LASTING IMAGE FACE & BODY

## HEALTH HISTORY ASSESSMENT for ELECTROLYSIS

LAST NAME (Please Print) \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE OF VISIT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PH \_\_\_\_\_ CELL PH \_\_\_\_\_ CARRIER \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REFERRED BY ☐ INTERNET ☐ YELP ☐ PHONE BOOK ☐ PHYSICIAN ☐ FAMILY ☐ OTHER: \_\_\_\_\_

WHAT AREAS ARE YOU INTERESTED IN TODAY? \_\_\_\_\_ FUTURE? \_\_\_\_\_

### HORMONE RELATED (Female)

☐ Fertility Problems ☐ Hormone/Endocrine Disorder ☐ Scalp Hair Loss ☐ Similar Family History

☐ Weight Gain/Loss ☐ Hysterectomy/Menopause ☐ Eating Disorder ☐ Irregular Menses

☐ Acne ☐ Other Hormonal Problems \_\_\_\_\_

At what age did hair growth begin? \_\_\_\_\_

### PREVIOUS METHODS OF HAIR REMOVAL

☐ Shaving ☐ Waxing/Sugaring/Threading ☐ Bleaching ☐ Cutting/Clipping

☐ Laser ☐ Tweezing ☐ Depilatories ☐ Other \_\_\_\_\_

Have you had any skin reactions to hair removal in the past? \_\_\_\_\_

### GENERAL HEALTH

Current Medication \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

☐ Acne ☐ Allergy to Metal ☐ Hepatitis ☐ Healing Problems ☐ Cold Sores ☐ Herpes

☐ TB ☐ Warts ☐ Cancer ☐ Diabetes ☐ HIV ☐ Keloids

☐ High Blood Pressure ☐ Pacemaker ☐ Pigment Problems ☐ Currently Pregnant

### ACKNOWLEDGMENT AND CONSENT

\_\_\_\_\_  
initial date If I incur any problems with services and/or products, I will contact Lasting Image and communicate my concerns to her immediately.

\_\_\_\_\_  
initial date I acknowledge all information given by me is accurate to the best of my knowledge and agree to notify Lasting Image Face & Body whenever there are changes. I understand that a series of treatments are necessary to achieve permanent hair removal and agree to follow all aftercare instructions. I agree to notify Lasting Image with any concerns.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

### ELECTROLOGY NOTES:

Hair Types: ☐ Vellus ☐ Accelerated Vellus ☐ Medium Terminal ☐ Deep Terminal

Skin Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ Dry ☐ Combination ☐ Oily ☐ Dehydrated ☐ Moist

Skin Texture: ☐ Fine ☐ Medium ☐ Coarse ☐ Superficial Acne ☐ Deep Acne ☐ Moles ☐ Keratosis

OTHER OBSERVATION: \_\_\_\_\_