



**Electrolysis Intake Form**

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

What spa services have you experienced before? \_\_\_\_\_

**Electrolysis**

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? \_\_\_\_\_

**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
- Genetic hair growth     Pregnancy: Stage \_\_\_\_\_
- Unpleasant or unusual reaction to any form of hair removal (electrolysis, laser, waxing, etc.)

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

I hereby waive and release Calvert Rejuvenations 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.

**Charges will be made for missed or cancelled appointments without 24 hour notice.**

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