

WINCHESTER ELECTROLOGY & LASER CENTER

Hair Removal Specialists

First Name Last Name

Street Address City Zip Code

Date of Birth

Cell Phone Home Phone Email

Preferred method of contact: Home phone Cell Phone Text Email

Emergency Contact Name Emergency Contact Phone

Sex assigned at birth: Male Female Decline to answer

Gender Identity - Do you think of yourself as:

- Female Genderqueer/gender nonconforming neither exclusively male nor female
 Male Transgender man/trans man/female-to-male (FTM)
 Decline to answer Transgender woman/trans woman/male-to-female (MTF)
 Other

Legal sex: Male Female Decline to answer

What are your pronouns? She/her He/him They/them Other

How did you hear about Winchester Electrology & Laser Center

- Word of mouth (friend) Google (or other search engine) Drove by - saw sign Yelp
 Other

What hair removal methods have you used in the past?(check all that apply)

- Laser Electric tweezing Threading Electrolysis
 IPL Waxing Tweezing
 Sugaring Dipilatory Shaving Other

Allergies and Sensitivities:

Current Medications:

Medication Use:

- Accutane Retin-A/Renova Other Retinols Blood thinners
 -cycline antibiotics Other Retinols Photosensitizers

Skin History (check all that apply)

- Rashes Acne Healing problems Latex Allergies Cold Sores
 Eczema Shingles Pigmentations Issues Telangectasia
 Keloid Scars Moles Permanent Makeup Dermatitis

Medical History (check all that apply)

- Asthma HIV Seizures Thyroid Problem Heart Condition
 Herpes Lupus Hepatitis Pacemaker Metal Pin/Implant
 Cancer Diabetes Hemophilia Contact Lenses

Gynecological History (check all that apply)

- Regular Periods Menopausal Pregnant
 Endocrine Problems PCOS Hormone Imbalance
 Birth Control Pills IUD Hormone therapy

Sun Habits - regarding any areas to be treated, please select appropriate exposure time frame

	Less than 6 weeks ago	More than 6 weeks ago	Never
Sun exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tanning booth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spray tan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tanning Creams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Signature

Date