WINCHESTER ELECTROLOGY & LASER CENTER Hair Removal Specialists

Date of Birth Cell Phone Home Phone Email Preferred method of contact: OHome phone OCell Phone Text Preferred method of contact: OHome phone OCell Phone Text Email Preferred method of contact: OHome phone OCell Phone Text Email Emergency Contact Name Emergency Contact Phone Emergency Contact Phone Sex assigned at birth: O Male Female Decline to answer Gender Identity - Do you think of yourself as: OFemale O Genderqueer/gender nonconforming neither exclusively male nor female OHale O Transgender mon/trans man/female-to-male (FTM) Decline to answer O Decline to answer Obdeline to answer OTransgender woman/trans woman/male-to-female (MTF) Other Uber Decline to answer What are your pronouns? She/her He/him OThey/them Other Word of mouth (friend) Google (or other search engine) Drove by - saw sign Yelp Other Word of mouth (friend) Google (or other search engine) Drove by - saw sign Yelp Other Electric tweezing Threading Electrolys	First Name		Last Name				
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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 \							
 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 	Sex assigned	at birth: ON	lale O Female C	Decline to a	nswer		
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O IPL O Waxing O Tweezing	What hair ren	noval method	ds have you used in	the past ?(c	heck all that a	apply)	
			•	•	rolysis		
	 Sugaring 	•		•	r		

Allergies and Sensitivities:

Current Medications: Medication Use: • Retin-A/Renova Other Retinols **O**Blood thinners OAccutane O-cycline antibiotics O Other Retinols **O**Photosensitizers Skin History (check all that apply) **O** Rashes **O** Acne • Healing problems • Latex Allergies • Cold Sores **O** Eczema • Shingles • Pigmentations Issues **O** Telangectasia O Keloid Scars O Moles O Permanent Makeup ODermatitis Medical History (check all that apply) • Asthma OHIV **O** Seizures **O**Thyroid Problem O Heart Condition **O** Herpes **O** Lupus **O** Hepatitis **O** Pacemaker O Metal Pin/Implant **O** Cancer **O** Diabetes • Hemophilia • Contact Lenses Gynecological History (check all that apply) • Regular Periods OMenopausal **O**Pregnant **O**PCOS • Endocrine Problems O Hormone Imbalance • Birth Control Pills • 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	O	Ο	0
Tanning booth	O	Ο	0
Spray tan	0	0	0
Tanning Creams	O	O	0