

**Cindy Martell**  
**Electrology**  
**215-752-4562**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Ethnic Background, please include all nationalities \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

May we call you at work?       No     Yes      If yes, work number (\_\_\_\_) \_\_\_\_\_

**Who may we thank for referring you?** \_\_\_\_\_

ALLERGIES (Please check if you ever had an allergic reaction to any of the following and describe what happened)

- |                                                                                              |                        |
|----------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> Antibiotic Ointments (i.e., Neosporin, Bacitracin, Polymyxin, etc.) | Paid _____             |
| <input type="checkbox"/> Seasonal (Trees, pollen, hay fever)                                 | Charge _____           |
| <input type="checkbox"/> Novacaine, Lidocaine or Latex Rubber                                | Check _____ Cash _____ |
| <input type="checkbox"/> Cosmetics                                                           | Balance _____          |
| <input type="checkbox"/> Contrast dyes as used in X-rays                                     | Terms _____            |
| <input type="checkbox"/> Metals, Other                                                       |                        |

GENERAL MEDICAL (Check all of the following that apply and describe if "yes")

	YES	NO
Are you on a blood thinning medication?		
Are you pregnant or nursing?		
Any kind of heart condition/pacemaker?		
Do you bruise or bleed easily?		
Do you have a healing problem?		
Do you have thyroid abnormalities?		
Are you diabetic?		
Do you have seizures?		
Are you on Lithium?		
Are you on Accutane, or have you taken it within the last six months?		
Are you on steroids or anti-inflammatory medications?		
Do you use Retin-A or Glycolic Acid?		
Do you have hemophila or other clotting disorders?		
Have you ever had hepatitis? When were you tested?		

	YES	NO
Do you have an autoimmune disorder?		
Surgery? If yes, describe:		
Botox? When?		
Do you have a dermatologic disorder(s)?		
Disorder presently active?		
Do you have keloids?		
Do your scars heal in a raised manner?		
Do your scars heal in darker color?		
Have you ever had a fever blister, cold sore or canker sore?		
Do you have any pre-existing nerve damage?		
Do you have any metal pins or plates?		
Do you have Mitral Valve Prolapse or valve implants?		
Prior to dental procedures, do you receive medication?		
Any acute medical conditions?		

If you are presently under a physician's care for any condition, please describe:

\_\_\_\_\_  
 Physician's Name & Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

GENERAL INFORMATION

	YES	NO
Do you have Trichotillomania?		
Do you tint your brows?		
Do you tint your lashes?		
Have you had any other aesthetic procedures, even in the form of cosmetic surgery? If yes, where and when?		
If yes, are you happy with the results?		
Have you ever had a chemical peel? What type of peel?		
Do you use a sunlamp or tanning bed?		
Do you practice any outdoor activities regularly? If yes, circle which ones: Tennis   Golf   Gardening   Boating   Swimming   Skiing   Other		

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**CONSENT and RELEASE**

I acknowledge that the practice of skin care, electrolysis, facials, various beauty treatments, and many others is not an exact science and that no specific guarantees can or have been made concerning the expected result. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

I also realize that the following risks and hazards may occur in connection with any particular treatment – included but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, change in the skin's pigment, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. I also agree to hold harmless and release from any liability Cindy Martell for any condition or result, known or unknown that may arise as a result of any treatment that I receive.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Witness: \_\_\_\_\_

## **Electrology Information Sheet**

All hair grows from an existing, natural opening in the skin, called a follicle. At the bottom of the hair is the papilla. It is from the papilla that hair receives its nourishment, which enables continual re-growth.

In order to prevent re-growth, the papilla must be destroyed by coagulation.

Given enough time in my first treatment, I will clear the area of the readily visible hairs. What I cannot do is treat the hairs beneath the surface which will be appearing tomorrow, in two (2) days, next week, or even the next month. For example: when you would swear they are exactly the same hairs you just tweezed – They Are Not! It takes 6-13 weeks for a hair to grow from the papilla to where it is visible on the skin. So, it is literally impossible that it is yesterday's re-growth.

Only by continually keeping the area completely cleared each week and removing new hair when it first appears and is at its weakest, most vulnerable stage, can we achieve the desired permanent results. It can be whatever you want it to be, like anything else, depending on the amount of time and effort you are willing to put into it.

Obviously, there is no way to guarantee specific results within specific time periods.

Electrolysis is the only permanent hair removal which has been approved by medical science. But, I must remind you, It Is Not Magic! It is a cooperative effort between the electrologist and the patron. Your cooperation is:

- 1) Follow the schedule I set up for you faithfully.
- 2) Give me enough time at each treatment to remove every visible hair.
- 3) Promise, you will not use any temporary method of hair removal, once you have started treatments. If you do not follow my schedule and instructions, you will be defeating the purpose.

Cindy Martell  
Electrologist