CARY
HAIR REMOVAL
CENTER

LASER AND ELECTROLYSIS HAIR REMOVAL
106 NEW EDITION COURT | CARY, NC | 27511
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(919) 460-1884 | INFO@CORLASE.COM

CLIENT HISTORY FORM

Name: ______________________________ Today's Date: ______________

Hair Removal & You

1. Have you had laser hair removal in the past? .... Dates: ______________ Yes No

What area(s) were treated? ______________ Was it successful? ______________

Skin reactions? ______________ Who treated you? ______________

2. Have you had electrolysis hair removal in the past? .... Dates: ______________ Yes No

What area(s) were treated? ______________ Was it successful? ______________

Skin reactions? ______________ Who treated you? ______________

3. Have you had any of the following hair removal treatments in the last 6 months? .... Yes No

Treatment	Frequency	Last Used
Bleaching	Frequency: ______________	Last Used: ______________
Tweezing	Frequency: ______________	Last Used: ______________
Waxing	Frequency: ______________	Last Used: ______________
Cutting	Frequency: ______________	Last Used: ______________
Threading	Frequency: ______________	Last Used: ______________
Shaving	Frequency: ______________	Last Used: ______________
Depilatory	Frequency: ______________	Last Used: ______________

Your Body & Skin

1. Do you have any of the following skin disorders? .... Yes No

Acne Eczema Dermatitis Psoriasis Lipmoas Rashes Keloids Lupus

Vitiligo Hives Petechiae Cancer Other

If yes, please explain: ______________________________

2. Are you prone to any of the following skin irritations? .... Yes No

Swelling Itching Dryness Oiliness Pigment Changes Other

If yes, please explain: ______________________________

3. Do you have any allergies? (Latex, Topical Creams, ect.) .... Yes No

If yes, please explain: ______________________________

4. Have you ever had problems with your skin healing? .... Yes No

If yes, please explain: ______________________________

5. Have you ever had sensitivity to sunlight? .... Yes No

If yes, please explain: ______________________________

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6. Have you been treated for of the following medical conditions? .... Yes No

Heart Problems High Blood Pressure Diabetes Hemophilia Circulatory Problems

Cancer Tuberculosis Herpes Epilepsy HIV Hepatitis Nerve Disorder Tumors

If yes, please explain: ______________________________

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Medications

1. Are you currently using or have ever used Retin-A? .... Dates:____________________ Yes No

1. Are you currently using or have ever used Accutane? .... Dates:____________________ Yes No

1. Are you currently using or have ever used Rambazole? ...... Dates:____________________ Yes No

1. Are you currently using or have ever used Absorbica? .... Dates:____________________ Yes No

5. Are you currently using any other medication? .... Yes No

If yes, please explain: ____

Hormone Balance

1. Is your hormone function normal? ....

If no, please explain: ____

2. Have you experienced rapid changes in your weight or voice? .... Yes No

If yes, please explain: ____

3. Have you ever talked to your physician about your hair growth? .... Yes No

If yes, please explain: ____

4. Are you familiar with PCOS? .... Yes No

For Women

1. How often is your menstrual cycle? ____

2. Was your last gynocology exam normal? .... Yes No

When was it? ______________ If no, please explain: ________________________________

3. Do you take birth control pills? .... Yes No

If yes, when and why did you start? ____

3. Are you currently pregnant or trying to get pregnant? .... Yes No

4. Are you post-menapausal? .... Yes No

5. Have you had a hysterectomy? .... When? ______________ Yes No

6. Have you had your ovaries removed? .... When? ______________ Yes No

7. Have you ever had ovarian cysts? .... Dates:____________________ Yes No

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I certify that the information I have provided is **accurate** and complete to the best of my knowledge. I understand that it is my obligation to notify Cary Hair Removal Center of **any changes** as it is critical to my treatment.

______________________________________ ___________________________

Client Signature Date

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Client Printed Name