

Documented Client Information and Declaration of Consent

Surname, name: _____

Birth date: _____

For an affective hair removal please provide the following personal information and read the information about the procedure, side-effects, risks and some details about electrolysis. Your data will be used only as permitted by German law.

In the case of suspected hormonal excessive hair growth (Hirsutism):

	Yes	No
Skin problems (e. g. Acne, oily, greasy, bad skin)	<input type="checkbox"/>	<input type="checkbox"/>
Sudden hair growth	<input type="checkbox"/>	<input type="checkbox"/>

When did this begin: _____

Hormonal status: _____

First menstruation: _____

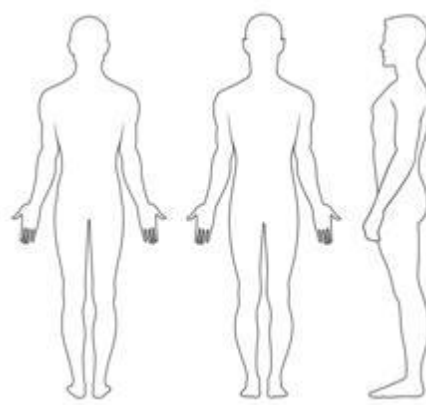
☐ regular ☐ irregular ☐ menopausal

Do you have any illnesses? If so, please list below.

Previous epilation/depilation treatments:

☐ Shaving ☐ Plucking with tweezers ☐ Waxing ☐ Depilation cream
☐ Electric tweezers ☐ others ☐ Laser ☐ IPL ☐ Electrology

Type and date of last treatment: _____



Please indicate the areas to be treated

Risks and possible complications:

The removal of hair with electrolysis is a low risk treatment if done by an experienced electrologist.

Possible side-effects or complications after treatment include:

- Redness, swelling, burning sensation, itchiness, tension of the skin
- Small blisters and pustules, possibly weeping areas of skin
- Haematoma

After about 2 – 3 days:

- Formation of scabs, allergic reactions
- Pigmentation/depigmentation
- Inflammation and consequences thereof, scarring etc.

In rare instances scarring may occur even after a professional treatment. This can be treated, but may leave some markings.

In very rare cases hair may regrow in areas that have been treated.

Comments on the consent discussion:

Declaration of Consent:

After answering detailed questions about my health and medical history my electrologist informed me about electrolysis in an extensive consent discussion.

I was able to clarify any questions about the type and significance of the treatment as well as the specific risks and possible side-effects.

I agree to inform my electrologist immediately should there be any changes to my health.

I have been well informed about possible side-effects and complications and have been given the information leaflet „**What to do after your treatment?**“.

I consent to my skin being photographed before and during my treatment.

I consent to the planned treatment after having been granted sufficient time to consider. I have received a copy of the completed „Documented Client Information and Declaration of Consent“ form and agree to an immediate trial treatment.

I agree with the terms and conditions.

The data protection regulation was provided to me.

Place/Date

Client/parent or guardian

Electrologist