

Electrolysis San Juan, LLC

Thank you for choosing Electrolysis San Juan, LLC for your permanent hair removal needs! Please fill out the following questionnaire, review our policies, and agree to the conditions set forth.

We respect your privacy. Your information will never be shared or sold.

Date: _____

Name: _____

Birthday: _____

Mailing Address: _____

Favorite type of music and/or artist(s): _____

How did you hear about us? _____

Cell Phone: _____ Receive texts? Yes or No

Home Phone: _____

Email: _____

May we send you appointment reminders via email? Yes No

Have you ever had electrolysis treatment? Yes No

Have you ever had laser hair removal? Yes No

Are you taking blood thinners? Yes No

Do you have sensitivity to metals? Yes No

Are you sensitive to lights? Yes No

Do you have sensitive skin? Yes No

Have you ever noticed a sudden growth of your hair? Yes No

Do you have a pacemaker? Yes No

Are you claustrophobic? Yes No

Do you have back or neck problems? Yes No

If yes, please explain: _____

What is your tolerance to physical pain like? high average low

Please tell me about your scheduling restrictions [days/times you can (or cannot) have an appointment]:

What temporary method(s) have you been using to treat your excess hair and for how long?

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Indicate your primary area(s) of concern with a #1 and your secondary area(s) of concern with a #2:

- | | | | |
|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> arms | <input type="checkbox"/> ears | <input type="checkbox"/> legs | <input type="checkbox"/> stomach |
| <input type="checkbox"/> back | <input type="checkbox"/> eyebrows | <input type="checkbox"/> lower lip | <input type="checkbox"/> toes |
| <input type="checkbox"/> breasts | <input type="checkbox"/> feet | <input type="checkbox"/> neck | <input type="checkbox"/> under arms |
| <input type="checkbox"/> cheeks | <input type="checkbox"/> hairline | <input type="checkbox"/> nose | <input type="checkbox"/> upper lip |
| <input type="checkbox"/> chest | <input type="checkbox"/> hands | <input type="checkbox"/> side burns | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> chin | <input type="checkbox"/> jaw | <input type="checkbox"/> shoulders | |

Note: Electrolysis San Juan does not offer service for the treatment of the bikini or genital areas.

Policies

- Treatments and complimentary consultation are available by appointment only.
- Appointment days are Tuesday, Wednesday, and Thursday beginning at 9am. Last appointments scheduled in 4 o' clock hour. Sunday appointments available by request.
- If you are unable to keep your appointment, please contact us 24 hours in advance to avoid being charged for the session. Appointments canceled less than 24 hours in advance of appointment time will be charged full price.
- You may call or text 360-298-4068, email info@electrosj.com, or use the "Contact" form at www.electrosj.com to change or cancel appointments.
- Please be on time for your appointment. If you are late, you will be charged for your originally scheduled appointment time, and we may not be able to provide you with your full appointment depending on our schedule.
- Being fifteen or more minutes late for an appointment may result in automatic cancellation and full price charged for the session.
- Refusal to pay for a missed appointment will result in discontinuation of treatment services.
- Cash or check only. Make checks payable to Electrolysis San Juan, ESJ, or Danielle Wheeler.

Rates

- | | |
|-----------------------------|--------------------|
| • 15 minutes \$35 (minimum) | • 60 minutes \$90 |
| • 30 minutes \$55 | • 75 minutes \$110 |
| • 45 minutes \$75 | • 90 minutes \$130 |

Special Offers

- Refer a friend and enjoy 15 minutes of complimentary treatment.
- Buy 10 of any time increment and receive one free. Must pay for all 10 in advance.

Consent

I declare that I have answered to all of the above questions to the best of my ability. I have read and agree to the Policies set forth in this document, and I release Electrolysis San Juan, LLC, its manager, and its employees of all responsibility concerning damage or incident that may result from the treatment or office visit.

Signature _____ Date: _____