

Sabrena Smith & Associates

Client Information

1350 N. Highland Ave. Suite A
Hollywood, CA 90028
818-209-0967

Please Print

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Cell Phone:() _____

Home Phone:() _____

Email: _____

Birth date: _____

What area would you like treated? _____

Have you ever had laser treatments? _____

How Long ago? _____

Previous Electrolysis? _____

How Long Ago? _____

Do you spend much time in the sun? _____

How often? _____

Are you taking medications of any kind? _____

Medication Names: _____

Any current medical conditions? _____

What are they? _____

Referred By: *"How did you hear about me?"*

Clinic Terms & Guidelines

- NO TWEEZING** The adverse effects to tweezing hair are numerous. Not only can this practice prolong/extend your treatments, but also possible scarring may result. Great care and pride is taken to insure that the best possible results can be obtained.
- ADVISE** Any client who continues to disregard the electrologist's pre and post patient care recommendations, runs the risk of being dropped from the patient roster.
- LATENESS** Please be on time for appointments. Your *session starts at the specified time*. Exception, if the electrologist is still working on a client.
- If you arrive to the office and for some unforeseen circumstance the electrologist is not present, it is recommend that you call the office which will connect to practitioner's cell phone before leaving.
- NO SHOW** I usually will wait 15 minutes after the clients specified appointment time before charging for the full amount of the session.
- CANCELED APT.** **Please remember, I am reserving "office time" for you!**
- Provide a **minimum of 48 hours** cancellation notice.
 - This may be done by logging into the online calendar. **Appointments cannot be cancelled less than two days in advance.**
 - Or by calling voice **818-209-0967**
- PRE-OP CARE.** Please do not wear any make-up before coming in for your electrolysis treatment. If you do come in with make-up on, and there is facial work to be performed, then be prepared to have it removed during your session.
- Before your treatment, it is recommended that you do not have any sugar, coffee, or tea.
- AFTER CARE.** Please do not use soap on the areas treated for at least 24 hours. Redness and swelling is a normal reaction, and should last only 24 hours. It is recommended that you apply ice, to reduce any swelling. It is also recommended that you purchase Witch Hazel at your local Pharmacy, this can be used to keep the areas treated free of bacteria and clean.
- After your treatment, please stay out of the sun for 24 - 48 hours. *Best to use a sun block!*

Client Signature

Print Name

Date

"I understand and agree to the above terms and guidelines"

Treatment Consent and Release

I acknowledge that the practice of electrolysis is not an exact science and no specific guaranties 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 including but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, change in the skin pigmentation, allergic reaction, muscle damage, 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. Therefore, in consideration for any treatment received, I agree to hold harmless and release from any liability Sabrena Smith as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown that may arise as a consequence of any treatment that I receive.

Client Signature

Print Name

Date

Optional Model Release

In consideration for treatment received, I hereby grant permission to Sabrena Smith to use any photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation to me.

Client Signature



allied professionals
association