

# Sabrena Smith & Associates

## Client Information

1680 N. Vine Street, Suite 1005  
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

All clients must be on time for appointments. Your session starts at the specified time. An exception to this rule, when 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.

## CANCEL APT.

**Please remember that I am reserving "office time" for you!**

- You must provide a **minimum of 48 hours** cancellation notice.
- Cancellation must be an email or telephone call or online calendar

## 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 & Associates** 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

---

## Model Release

In consideration for treatment received, I hereby grant permission to Sabrena Smith & Associates 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

