## INTAKE / Anamnesis FORM

Surname: ……..  First name:……..

Address:…..……

Residence:……..  Postal Code:……..

Date of Birth: ……..  Sex: M / F

Telephone number: ……..  E-mail:…….

**Previous treatment methods;**

Shaving / Waxing / Electric Epilation / Depilatory cream / Epilator / other IPL or Laser treatments

**Do you suffer or have you suffered from one or more of the following diseases?**

| | | Yes | No |
|---|---|---|---|
| 1. | Kidney disease | O | O |
| 2. | Allergies, such as photosensitivity or histamine reactions | O | O |
| 3. | Blood or clotting diseases, such as thrombosis | O | O |
| 4. | Endocrinological diseases, such as diabetes | O | O |
| 5. | Hart disease, such as high blood pressure | O | O |
| 6. | Skin and / or venereal diseases, such as herpes, psoriasis, eczema, keloid | O | O |
| 7. | Cancer or skin tumors | O | O |
| 8. | Immune diseases, such a reduced immune system | O | O |
| 9. | Infectious diseases or inflammation | O | O |
| 10. | Varicose veins or other vascular problems | O | O |
| 11. | Disturbed hormone balance, e.g. a reduced estrogen level, increased androgen | O | O |
| 12. | Nervous system diseases, such as epilepsy | O | O |
| 13. | Do you use or have used medication, the contraceptive pill, including anti-biotics and excessive use of aspirin? | O | O |
| 14. | Do you have a pacemaker, implants, prostheses or others? | O | O |
| 15. | Do you use vitamin preparations? | O | O |
| 16. | Do you use homeopathic remedies or herbal extracts, such as Sint-Janskruid, tea tree | O | O |

| | | Yes | No |
|---|---|---|---|
| 17. | Are you regularly exposed to sunlight, tanning beds or use self-tanning products? | O | O |
| 18. | Do you have permanent make-up or a tattoo? | O | O |
| 19. | Does your skin have irregularities in texture or pigment, such as pigmentation spots? | O | O |
| 20. | Are you undergoing treatments that make your skin more sensitive, such as waxing? | O | O |
| 21. | (For women) Are you pregnant? | O | O |
| 22. | (For women) Is it your intention to become pregnant in the coming period? | O | O |

**Comments:**

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**How long has the hair been present and when did it start?**

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**I have answered all questions truthfully. It has been made clear to me that the incorrect or incomplete answering of the questions and the non-observance of the conditions may adversely affect the outcome of treatment.**

**Place** …… **Client' s signature**……

**Date** ……..

Note: The signature of a parent or guardian is required for minors