CARY HAIR REMOVAL CENTER
LASER AND ELECTROLYSIS HAIR REMOVAL
106 NEW EDITION COURT | CARY, NC | 27511
WWW.CARYHAIRREMOVALCENTER.COM
(919) 460-1884 | INFO@CORLASE.COM

# CLIENT INFORMATION FORM

Please fill out the following to the best of your ability. If the question does not apply to you, fill in the blank with "N/A" or check "No" if it is available. This ensures that we have the most accurate information on file.

## Personal Details

Name: _____ Today's Date: _____
Address: _____ Date of Birth: _____
City, State, Zip: _____ Occupation: _____
How did you hear about us? Website: _____ Client: _____
Other: _____

## Contact Information

Home Phone: _____ Can we leave a voicemail? Yes No
Cell Phone: _____ Can we leave a voicemail? Yes No
Work Phone: _____ Can we leave a voicemail? Yes No
Email: _____ Preferred Phone Contact: _____
Reminders: Email Text Both Cell Phone Carrier: _____
Emergency Contact Name: _____
Contact Phone: _____ Contact Relationship: _____

## How Can We Help?

Please circle the areas that you would like to have treated:

| Face | | | Body | | |
|---|---|---|---|---|---|
| Cheeks | Chin | Ears | Arms | Back | Bikini/Brazillian |
| Eyebrows | Hairline | Nasal Bridge | Breasts | Fingers/Toes | Legs |
| Upper Lip | Neck | Other: | Sternum | Stomach | Other: |
| Lower Lip | Sideburns | _____ | Thighs | Underarms | _____ |

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## Office Use Only (Filled out by your consulting technician)

Consulting Technician:_____ Treatment: Electrolysis Laser Both
Recommended Schedule _____
Medications: _____ Allergies: _____
Conflicting Conditions:_____
Comments: _____
_____