



# ABA DEPILACIÓN LÁSER

## CUSTOMER FORM - LASER HAIR REMOVAL

<b>Date:</b>		<b>Record Number :</b>	
<b>CUSTOMER INFORMATION</b>			
<b>Name:</b>	<b>Last Name:</b>	<b>Mobile Phone:</b> (   )	<b>Home Phone:</b> (   )
<b>email:</b>	<b>Date of Birth:</b> Mes   /   Día   /   Año	<b>Age:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Address:</b>			
Community or Condo Name		Number and Street	Apartment
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	<b>Area(s) to be treated:</b>
<b>Occupation:</b>	<b>Employer:</b>		<b>Work Phone:</b> (   )
<b>Member of your family that are customers of ABA:</b>			

<b>MEDICAL HISTORY</b>					
1. Do you have family history with excess of hair (hirsutism)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Does this medication makes you sensitive to light and/or to the heat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you taking hormones or birth control pills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Have you had surgery recently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you take any medications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>For Women:</b> 7. Are your menstrual periods regular?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of the medication(s)			8. Are your menstrual periods nonexistent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you used Accutane in the pasts six (6) months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	9. Are you pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. What methods do you currently use to remove hair? (Indicate all those that apply) <input type="checkbox"/> Tweezing <input type="checkbox"/> Waxing <input type="checkbox"/> Other Method   Which? _____					
11. In the present, are you using? (Indicate all those that apply): <input type="checkbox"/> Hydroquinone <input type="checkbox"/> Retin A <input type="checkbox"/> Antibiotics   For how long? _____					
12. Have you had surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate your last surgery(ies): _____      How long ago were these surgeries performed?					
13. Do you suffer from any of the following conditions? <i>Indicate all those that apply</i>					
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Cancer	<input type="checkbox"/> Problems with Scaring	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Eczema	
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Smoker	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Excessive Stress	
<input type="checkbox"/> Circulation Problems	<input type="checkbox"/> Lupus	<input type="checkbox"/> Hormonal Imbalance	<input type="checkbox"/> HIV positive	<input type="checkbox"/> Allergies	
<input type="checkbox"/> Heart Illness	<input type="checkbox"/> Keloids	<input type="checkbox"/> Herpes	<input type="checkbox"/> Vitiligo	<input type="checkbox"/> Psoriasis	
<input type="checkbox"/> Rosacea	Others: _____				



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14. How do you catalog your skin when exposed to sunlight?	<input type="checkbox"/> It gets red and never bronzes	<input type="checkbox"/> It gets red and bronzes sometimes	<input type="checkbox"/> It gets moderately red, bronzes gradually
	Rare time gets red, always bronzes well	<input type="checkbox"/> Rare time gets red, obtains deep tan	<input type="checkbox"/> Never gets red, dark skin

### PREVIOUS TREATMENTS

1. Have you ever had any laser hair removal treatment done before?      YES      NO
2. Date of the last treatment: \_\_\_\_\_      3. In which areas? \_\_\_\_\_

### IN CASE OF EMERGENCY

Notify: (Name)	Relation	Contact Phone:
	Signature of the Father/ Mother or Guardian authorized	(      )

### SIGNATURE OF THE CUSTOMER

I have received a verbal orientation of all the benefits for the Laser Hair Removal treatment. In the same matter I have been informed of all the possible secondary effects that can occur during and after my treatment. I understand that the Laser Hair Removal treatment is not guaranteed by Aba Beauty Lounge neither by the FDA (Food and Drug Administration) as a permanent hair removal. I will not hold Aba Beauty Lounge responsible of any secondary effect that may occur during or after the treatment. The money that I paid for the services received or to be received in Aba Beauty Lounge (pre-payments) are not refundable. I certify that the information provided on this document is correct.

\_\_\_\_\_      \_\_\_\_\_  
Customer Signature or Legal Guardian      Date

### Thanks for visiting Aba Depilación Laser!

Please complete the following questionnaire and help us to to serve you better.

### HOW DID YOU KNOW ABOUT ABA DEPILACION LASER?

How did you know about Aba? Please, check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Referred by someone I know<br>_____<br>Name of the person who referred you | <input type="checkbox"/> aba.pr                   |
| <input type="checkbox"/> Referred by a physician<br>_____<br>Name of the physician who referred you | <input type="checkbox"/> Banners at Mall entrance |
| <input type="checkbox"/> Other. Please specify.<br>_____  | <input type="checkbox"/> Billboards               |
|   | <input type="checkbox"/> Facebook                 |
|   | <input type="checkbox"/> Instagram                |
|   | <input type="checkbox"/> Internet/ Google         |
|   | <input type="checkbox"/> Saw the Aba clinic       |



# ABA DEPILACIÓN LÁSER

## INFORMATION ABOUT LASER HAIR REMOVAL

### Warnings before the Treatment

1. No sun exposures before each treatment.
2. Do not use tweezers or wax from 2 to 6 weeks before the Laser Hair Removal treatment.
3. Do not use tweezers or wax at any moment during the Laser Hair Removal treatment.
4. If you are taking any medication or receiving medical treatment in the area(s) of the body to be worked, please notify your laser hair removal technician.
5. If you are pregnant, during the period of gestation you will not be able to receive any Laser Hair Removal treatment.

### Cares after the Treatment

1. You may have some moderate discomfort in the treated area.
2. After the treatment session, the area may look red and swollen. This reaction can usually last up to 24 to 72 hours.
3. You should apply a cold compress one (1) to two (2) times a day for 20 minutes if necessary.
4. It is of the utmost importance that you DO NOT expose your skin to the sun before or after treatment. It is also important to use sunscreen at all times as necessary.

### Possible Treatment's Side Effects:

1. Any side effects will depend on the skin type of each client.
2. The most common side effect is hyper-pigmentation (color increase) or hypopigmentation (color decrease). Both effects are usually temporary and can take from one (1) to twelve (12) months to disappear.
3. Blisters or scabbing may appear in sensitive areas such as the bikini line and neck.
4. Do not apply makeup after treatment.
5. Do not apply any cream after treatment. This may cause some allergic reaction or rash of the work area. You can consult with your technique on creams after treatment.
6. When washing the worked area, avoid using any abrasive soap.

If you have any questions or concerns, please call any one of our offices:

**Río Piedras** 787-250-8256

**Condado** 787-721-9221

I certify that my questions about the procedure have been answered satisfactorily. I understood the procedure and accept the risks it entails. I will not hold Aba Depilacion Laser responsible of any secondary effects that may occur during or after the treatment and agree to submit to the same.

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Customer Name:

Customer Signature:

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Date:

Technician:



## ABA DEPILACIÓN LÁSER AUTHORIZATIONS AND AGREEMENTS

### Pictures and Videos

I understand that it is necessary for ABA Depilacion Laser to take photographs of the area to be worked on in electrolysis or laser hair removal to monitor the progress of my treatment. I authorize photographs, videos, digital photographs and other images to be taken and/or recorded to document my Laser or Electrolysis treatment. I understand that ABA Depilacion Laser will retain and own these photographs, videos, digital photographs and other images, but they will only be used for documentation purposes of my ABA Depilacion Laser customer record. At no time will such photos be published or used to communicate them to the public. I understand that these images will be archived in a secure manner and protecting my privacy. Images that could identify me will not be used outside of this company, unless they have my written permission.

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Customer Name:

Customer Signature:

Date:

### Appointment Confirmation

In order to offer the greatest option of hours available for our clientele to perform their treatments, ABA Laser Hair removal:

1. Will confirm your appointment one or two days before it, for which we need your contact information. If we are unable to contact you, you will be left a voice message. We ask that you answer us by confirming or cancelling your appointment by the method that is most convenient for you (phone, text message or email).
2. If a customer is absent from two consecutive appointments without prior notice of cancellation, ABA Depilacion Laser will cancel all reserved customer appointments.
3. Any appointment that at 6:00pm the day before the scheduled appointment has not been confirmed by the customer, will be automatically canceled by the system. To achieve this confirmation, ABA will send a text message and make a phone call to the customer within 24 to 48 hours before the appointment.

### Promotions and Appointments confirmations

I understand that ABA Depilacion Laser has all my contact information such as telephones, emails, mailing address, among others. I authorize ABA Depilacion Laser to contact me in the following way:

#### For appointment confirmations: :

- By telephone
- By text (SMS)

#### For marketing efforts and promotional material:

- By telephone
- By text (SMS)
- By email
- I do not authorize ABA Depilacion Laser to send promotional information neither offers

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Customer Name:

Customer Signature:

Date: