NEA Electrolysis LLC
www.neaelectrolysis.com
(262) 227-2576

Informed Consent - Electrolysis (Adult)

Today's Date: _____

First Name: _____ Last Name: _____ Birth Date: _____

Phone Number:_____ Email: _____

Mailing Address: _____

Preferred Name or Nickname: _____ Preferred Pronouns: _____

During your consultation, we discuss the history of electrolysis; the hair growth cycle; how electrolysis works; its side effects and risks; the importance of following your treatment plan. Please ask your electrologist any/all questions prior to signing this document.

For purposes of this document, "Electrolysis" refers to the procedure using electrolysis as a hair removal treatment.

Your Treatment Plan

Following your treatment plan is ideal for achieving desired results in a realistic timeline.
Your treatment plan includes a recommendation for appointment frequency, intended for achieving desired results in a realistic timeline while respecting your personal budget, schedule, and individual needs. Your plan won't include a total number of treatments or total treatment timeline.

Each individual's timeline is heavily influenced by frequency of appointments, hair density, and the size of the treatment area. Various factors can affect the total timeline for achieving desired results. It's not possible to provide a definitive number of treatments or total treatment timeline.

For a follicle to be treated, a visible hair must be present. When appointments are infrequent, this impairs the opportunity for your electrologist to treat those follicles before its hair sheds. Once a hair sheds naturally, the waiting period for that follicle to grow a new, visible hair is unknown. This period likely varies depending on the body region, hair type, and individual factors such as genetics, medical conditions, medications, and so on.

Your electrologist can only remove unwanted hairs present at this point in time, and has no control over other factors, known- or unknown-, which may stimulate other follicles to produce coarser, darker, longer hair later in time.

We understand life happens and not everyone can follow the "most ideal" treatment plan. Once a follicle is successfully treated, it will never produce a hair again. Pausing treatment entirely, or low frequency of appointments, doesn't erase progress; it simply extends the timeline for achieving desired results.

Side Effects During Your Appointment

Some side effects may appear during your appointment, such as widespread redness, inflammation, swelling, tingling, warmth, tightness. Other side effects include, but are not limited to: involuntary muscle

movement, twitching, jerking; metallic taste; discomfort or pain; histamine reaction.

Side Effects Involved in the Healing Process

Electrolysis induces controlled micro-injuries. There are several side effects that can be a normal aspect of this micro-injury and/or the healing process. These side effects include, but are not limited to: inflammation; swelling; redness; itching; tingling; warmth, tightness; sunburn or windburn sensation; numbness; nerve irritation; perifollicular redness; post inflammatory redness; scabs or crusts; histamine reaction; pigment changes such as post inflammatory hyperpigmentation (or hypopigmentation).

Possible Risks of Electrolysis

Other risks of Electrolysis include, but are not limited to: infection, folliculitis, pustules, or spots similar to acne; ingrown hairs; scarring, bruising, minor bleeding, overtreatment, allergic reaction.

Cataphoresis & Anaphoresis

Cataphoresis is a common post-treatment step following electrolysis for hair removal.
Cataphoresis helps to reduce redness, inflammation, and tightens pores. Anaphoresis promotes redness, inflammation, and dilates pores. While anaphoresis is seldom used in electrology, some electrologists use it to help “open up” tight pores for insertions during Electrolysis. Other side effects of cataphoresis and anaphoresis include, but are not limited to: tingling, cold sensation, metallic taste.

Acknowledgement

Please initial below.

_____ **Medical History** – I have disclosed all pertinent medical history as requested on the Health History Form, and all cosmetic procedures received in the past 3 months.

_____ **Updates** – I agree to promptly notify my electrologist of any changes to my skincare routine, medical history, medications, supplements, or any other factors I’m aware may be relevant to my treatment.

_____ **Pre-/Post- Treatment Instructions** – I have received, read, and agree to follow all guidelines in the “Pre-Treatment for Electrolysis” and “Post-Treatment for Electrolysis” documents. I understand following these guidelines is important for optimal results and to reduce risk of adverse outcomes.

_____ **Risks & Side Effects** – I have read and understand there are possible risks, side effects, and complications; known- and unknown-, associated with Electrolysis.

_____ **Treatment Timeline** – I understand that my treatment plan is provided with the intent to recommend frequency of appointments to achieve desired results in the most realistic timeline, and does not include a guaranteed number of treatments or total treatment timeline. I understand that infrequent appointments will extend my total treatment timeline for achieving desired results. I understand that various factors influence the treatment timeline between individuals.

_____ **Photo Documentation** – I consent to photographing of my treatment area(s) for the purpose of tracking my progress. I understand these images will be kept strictly confidential without my explicit consent, and will not be shared except where required to comply with applicable laws or insurance requirements.

Treatment Liability Waiver

I acknowledge that Electrolysis is not an exact science and that no specific guarantees have been made regarding the outcome of my treatment.

I understand that individual results vary, and that my response to treatment may differ from that of other clients. I acknowledge that specific results are not guaranteed.

I understand that electrolysis involves inherent risks, including those described in this document, and that not all risks or complications can be known in advance. I voluntarily accept and assume these risks.

In consideration of receiving electrolysis treatment, I agree that NEA Electrolysis LLC, its owner(s), electrologist(s), employees, and representatives shall not be held liable for outcomes or conditions that are known risks or reasonably foreseeable complications associated with the procedure, provided that the treatment is performed in accordance with generally accepted professional standards of care.

I understand that this agreement does not waive liability for conduct that constitutes gross negligence, willful misconduct, or actions outside the scope of accepted professional practice.

I acknowledge that my questions regarding the procedure have been answered to my satisfaction, and that I have been given the opportunity to ask additional questions prior to signing this document.

Initial Below

I have read, understand, and agree to the terms of the Treatment Liability Waiver above.
Initials: _____

I have read, understand, and agree to this Informed Consent document in its entirety.
Initials: _____

I understand that I may withdraw consent or stop treatment at any time.
Initials: _____

Signature

By signing below, I confirm *that I have read and fully understand this Informed Consent document, including the Treatment Liability Waiver; have had the opportunity to ask questions, and voluntarily consent to electrolysis treatment. I agree to the terms outlined above, including the risks, side effects, responsibilities, and treatment policies.*

_____	_____	_____
Client Name (Print)	*Client Signature*	*Date*