

Consultation Form

Treatment:.....

Name:..... DOB:...../...../.....

Address:.....

Phone Number:.....

Doctors Name.....

Surgery Address:.....

Doctor's Phone Number:.....

Confidential- please indicate if any of the following apply to you (by circling **and** verbally informing therapist):

- Recent treatment from Doctor or other healthcare practitioner
- Any current medication (prescribed, over the counter or supplements)
- Recent scar tissue, cuts, bruises or other abrasions
- Skin disorders or infections
- Sunburn or heath allergies
- Hypersensitive or highly reactive skin
- Use of Roaccutane or other acne products in the last 6 months
- Use of steroid creams or steroid medication in last 3 months
- Have you got or had cancer
- Oedema or other swelling in treatment area
- Nerve damage or increased/decreased sensitivity in the skin
- Epilepsy, fits or fainting attacks
- Pregnancy
- Breathing difficulties E.g. Asthma
- Allergies or intolerance's
- Heart conditions
- Current use of AHA or BHA products
- Varicose veins or capillary damage in treatment area
- High/Low blood pressure
- Do you use contacts, if yes are you currently wearing them
- Conditions or medical treatment causing Immunosuppression
- Previous problems/issues caused by beauty treatment

Do you have any other health conditions, which are not mentioned above? Or take any medication? YES/NO, if yes please give details below, also verbally inform therapist:

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"I confirm that the above information is true to the best of my knowledge and belief. I have been fully informed about the expected results and effects of the treatment and agree to follow all of the aftercare advice provided by my therapist. I have also verbally informed my therapist of any conditions that may affect the treatment, including any reactions to a patch test. By signing this disclaimer I am taking full liability/responsibility for the outcome of the treatment. I hereby give my consent to proceed with treatment."

Client signature:..... Date:.....

Therapist signature:..... Date:.....