

CONSULTATION & HEALTHCARE FORM

Please note this form must be kept for a minimum of 7 years for insurance purposes (all sections with a * need to be completed)

*Client name _____

*Date of birth ____/____/____

Address _____

Postcode _____

*Contact number _____

Mobile _____

Email address _____

What communications would you like to receive from us?

Appointment Reminders

Promotions and Offers

Newsletters

Other _____

How would you like to receive them?

Phone

Mobile SMS

Email

Post

Other _____

*Doctor's name and contact details

***MEDICAL HISTORY**

If any are marked yes, please go into more detail in the space under the condition.

Heart conditions/pacemaker Yes /No

Prone to keloid scarring Yes/No

Severe circulatory disorders/DVT Yes /No

Hormone imbalance Yes/No

Diabetes Yes/No

Stroke Yes/No

Skin disorders Yes/No

Claustrophobia Yes/No

Kidney problems Yes/No

Hepatitis Yes/No

Swelling/oedema Yes/No

Metal plates/pins/piercings Yes/No

Haemophilia Yes/No

Recent scar tissue/surgery Yes/No

Cancer Yes/No

Respiratory problems Yes/No

Limitation of body movement/arthritis Yes/No

Allergies Yes/No

Are you pregnant Yes/No

High/low blood pressure Yes/No

Epilepsy Yes/No

Operations within 6 months Yes/No

*Any other medical conditions/ailments yes/no

Please specify

***Medication/treatments / additional information**

Steroids yes/no

Anti-coagulant medication Yes/No

Anti-Wrinkle Treatments Yes/No

Hormones Yes/No

Microdermabrasion/chemical peel Yes/No

Oral Antibiotics Yes/No

Laser/IPL Yes/No

Products containing fruit acids Yes/No

Tattoo Yes/No

Retinol (Vit A) or Roaccutane Yes/No

Ultraviolet exposure Yes/No

Any other medications Yes/No

Any Operations Yes/No

*Please specify

*please specify

Known allergies

Some clients already know they are allergic to certain substances. Please provide full details in the section of the questionnaire about allergies.

For your peace of mind, we will ask you to check the ingredients list for the products we normally use when providing treatments. If a product includes a substance you are allergic to, we will try to find an alternative. If we have no suitable alternative, then we will put your safety first and we won't go ahead with the treatment.

Allergy Alert Tests

An allergy alert test is done to check whether you are or may be allergic to a particular product or substance. Allergy alert tests are vital for your protection. You will need to have an allergy alert test at least 48 hours before your first treatment in this salon for hair colour, eyebrow and eyelash tinting, colouring facial or other body hair (aged 16 or over).

*Allergy Test Questions

Have you ever had an allergic reaction to hair colour? Yes/No

Do you have sensitive, irritated or damaged skin in the area to be treated? Yes/No

Is this the first time you have had this treatment in this salon? Yes/No

Have you had any type of skin tattoo, including a temporary 'black henna' tattoo or permanent make-up, since your last colour treatment? Yes/No

Have you had an allergic reaction to any other products used in beauty treatments since your last visit? Yes/No

If yes, do you know which substance you are allergic to?

Substance name _____

Do you have any allergies to anything else that we should be aware of? (e.g. food, medication etc) Yes/No

Please specify _____

Allergy alert tests need to be repeated every 12 months (or in accordance with product specific guidelines) or if the therapist is changing brand or product. Our team will make the arrangements for any allergy alert tests required.

Data Protection and Client Records

We take your privacy seriously and the information we collect about you (which includes all of the personal information in this questionnaire, the client consultation form and the results of any allergy alert tests) will be held confidentially and in compliance with applicable data protection laws. Your personal information will be stored securely within our IT system or in a locked filing cabinet and can only be seen by members of the salon team.

