

Consultation Form: Skincare

NAME:	
ADDRESS:	
TELEPHONE NUMBER:	EMAIL ADDRESS:
DATE OF BIRTH:	OCCUPATION:
EMERGENCY CONTACT:	DOCTORS NAME/SURGERY:

We aim to ensure clients have the best possible advice both prior to and post-treatment. Please read the following information prior to booking an appointment in the salon.

Consultation Information: to ensure you are not contraindicated to any treatment.

Pretreatment Advice: should be read prior to attending an appointment.

Aftercare Advice: to be read following your appointment for best results. Children under the age of 16 should have consent from a parent or guardian prior to any appointment.

CONSULTATION

Local Contraindications: treatments cannot be performed over contraindicated areas.

Medical Contraindications: please seek medical advice prior to booking. In circumstances where medical permission cannot be obtained, clients must give their informed consent in writing.

Total Contraindications: prohibit a treatment from taking place.

Skincare Questions

Have you ever had a facial before?

What are your main skin care concerns? Please tick any that apply...

Dehydration Dryness

Fine Lines/Wrinkles

Breakouts

Acne

Blackheads

Milia

Flaky Skin

Excessive Oil/Shine

Rosacea

Redness

Broken Capillaries

Dark Circles

What skin care products are you currently using? (List brand where known)

Cleanser

Moisturiser

Toner

Exfoliator

Eye Cream

Moisturiser

Mask

SPF

Do you use sunbeds or expose your skin to the sun?

Do you use a daily SPF product?

Have you had Botox, Restylane or Collagen injections? If so, when was your last treatment?

Have you even had chemical peels, laser or microdermabrasion?

Have you used Retin-A, Renova, AHA or Retinol derivative products in the past 3 months?

Would you describe your diet as healthy?

Do you drink up to 2 litres of water per day?

Are you a smoker?

How many units of alcohol do you drink per week?

Male Clients Only:

What is your current shaving system?

Do you experience irritation or ingrown hairs from shaving?

Female Clients Only:

Are you taking oral contraceptives? If so please specify.

Are you pregnant or trying to become pregnant?

Are you lactating?

Are you approaching or going through the menopause?

Are you undergoing any hormone replacement therapy?

Local Contraindications:

- Cuts/Abrasions
- Bruises/Swelling
- Skin Conditions (Active Eczema, Dermatitis, Psoriasis)
- Acne Vulgaris
- Acne Rosacea
- Skin Tags
- Sunburn
- Broken Capillaries/Veins
- Broken Bones
- Undiagnosed Lumps Or Swelling

Medical Contraindications:

- Any known sensitivity or allergy to products should be disclosed. A patch test can be offered in the salon a few days prior to any appointment.
- Check any condition that is already being treated by a GP or another practitioner.
- Consult with a Doctor if you are taking any medication that may have an effect on your treatment.
- Cardiovascular Conditions (Thrombosis, Phlebitis, Hypertension, Hypotension, Angina, Pacemakers)
- Recent Scar Tissue (less than 6 Months minor operation, less than 2 years major operation)

Total Contraindications:

- Viruses such as Fevers, Colds, Cold Sores, Warts
- Bacterial infections such as Impetigo, Boils, Conjunctivitis, Styes
- Fungal infections such as Ringworm, Blepharitis

On completion of this consultation card you must tick the Consent Box in order for the treatment to take place.

By ticking the box, you are agreeing to the following terms and conditions.

I accept that any treatment I have has been fully explained to me and will be undertaken at my own risk. I have carried out a patch test (where necessary) and I am satisfied with the explanation of the procedure and the aftercare. I have answered the questions regarding my medical history to the best of my knowledge and accept that failure to disclose relevant information may impact treatment results.

I agree to contact Sutherlands Hair and Beauty immediately in the event of any adverse effects.

I agree to these terms and conditions (Please tick)

