



Beautique Beauty Salon

Consultation Form - Contra-Indications/Precautions

Name : Tel: MobHome.....

Address : Work

..... * D.O.B.....

.....Post Code.....

* E-Mail Address.....* receive birthday voucher/latest offers

Pacemaker		Epilepsy		Pregnancy	
Heart conditions		Eczema/Psoriasis		Thrombosis	
HIV Positive		Thyroid disorder		Asthma	
Diabetes		Blood Pressure		Multiple Sclerosis	
Acne medication Roaccutane/ Retin A		Have you taken anti- biotics in the last 3 months ?		Are you taking Anti- depressants?	
Botox or other injectables		Recent Laser Treatment		Hepatitis	
Skin disease and allergies		Varicose veins		Recent surgery	
Hormone therapy Or H.R.T.		Covid 19 Symptoms Headache/fever Sore throat/dry cough		Have ever tested positive for Covid 19	
Contraception		Had close contact with anyone with Covid19		Have you travelled abroad recently?	
Cancer		Latex allergy		Glue test	
Metal pins/plates		Tattoos or recent piercings		Tint patch test	

Prescribed Medications.....

Medical History.....

- I confirm that I understand the treatment and contra-indications, and that I agree to follow the correct aftercare procedures.
- I confirm that the above statements are true and that the Therapist treating me cannot accept responsibility for any injury or reaction suffered by me attributable to my not having given the true answers / full information to the above questions
- I give permission for Beautique to store my details in line with G.D.P.R. compliance

Signature..... Date