

Beauchique

Client consultation form

Name: _____
Home Tel: _____
Work: _____
Address & Postcode _____

Please tick or circle: What are your main concerns with your skin?

- Dry Oily Combination Sensitive
 Scarring Acne Dehydrated Pigmentation
 Ageing

Are you pregnant?

- No Yes

Please answer all of the following questions, ticking as appropriate:

- Hyperthyroid Heart condition Eczema Psoriasis
 Depression Varicose veins Headaches Asthma
 Epilepsy Claustrophobia Arthritis Cellulite
 Migraines Metal implants Iodine Allergy Retin A
 Constipation Rheumatism Water retention Roacutane
 Low/ High Blood Pressure

Please give details:

Any other allergies? _____
Had any recent injuries? _____
Have you had any recent surgery? _____
Are you on any medication? _____
Have you had any Glycolic Peels or laser? _____

CONSENT AND AGREEMENT

I certify that the above statements are true and correct, and that I _____
have been advised and fully informed by _____ of Beauchique
concerning the nature of the treatment process proposed, to be administered by them, hereby authorise and
direct them to administer such procedures as may be deemed necessary or advisable. My signature below
constitutes my acknowledgement that (1) I have read, understood and fully agree to the foregoing consent
(2) the proposed treatment process has been satisfactorily explained to me and I have all the information I
require and (3) I hereby give my consent and authorisation and release this business and its agents of any
claims that I have in connection with the described treatment.

Client's Signature _____ Date: _____
Therapist's Signature _____ Date: _____

Beauchique, Bournemouth, Dorset, Telephone: 077807 07549 / 01202 558463

Web: www.beauchique.com Email: info@beauchique.com