

**FULL
CONSULT
FORM**



**GOODNESS GRACIOUS
BEAUTY**



Date		Phone (Home)	
Name		Phone (Mobile)	
Address		Email address	
State		Occupation	
Post Code		DOB	

Please answer the following questions to ensure your treatment within our salon is a time to remember. All details are treated confidentially and only used for the purpose of diagnosis and treatment.

Do you take regular medication?	If yes please list:	No
Do you exercise regularly?	Yes	No
Do you smoke?	Yes	No
Are you pregnant or trying to become pregnant?	Yes	No
Have you used Retin A or Roaccutane?	Yes	No
Have you had any recent injuries or surgery?	Yes	No
How do you like your massage performed?	Soft	Medium
Do you wear contact lenses?	Yes	No
Are you allergic to any ingredients or products?	Yes	No
Do you have any implants eg. pacemaker, metal implants, plastic implants?	Yes	No
Do you have or have you suffered from any of the following conditions?	If yes please circle: <i>Heart problems, Back pain, HIV, High blood pressure, Hepatitis, Cancer, Varicose veins, Blood clots, Diabetes, Thyroid disorders, Seizures, Arthritis, Hormonal replacement, Cold sores, Fungal infections, Stroke</i>	No
Are there any other health or medical conditions that we should be aware of?	If yes please specify:	No
What concerns do you have about your skin?		
What skin care products are you currently using on your face at home?	Please circle what is applicable to you: <i>Soap, Cleanser, Toner, Moisturiser, Masque, Exfoliator, Eye cream, SPF, Other:</i>	
Have you ever had chemical peels, laser, microdermabrasion or any other resurfacing treatments in the last month?	If yes please specify:	No
What are your skincare goals?		
What expectations do you have for your treatment today?		
How did you hear about us?		

It is my choice to receive spa therapy and beauty treatments. I understand that any information given is strictly confidential and will be used for no other purpose than to assist the therapist in providing a suitable treatment which would take into consideration my specific requirements.

I also understand that failure on my part to disclose information could result in injury and/or illness and I hereby release Goodness Gracious Beauty for any claims resulting from such. Any information provided to me by the therapist is for general educational purposes only and not intended for any medical advice.

Client Signature _____