

Harrogate
Health & Beauty
Cosmetic Clinic

Client Consultation Card – Beauty Treatments

Contact Details

Name	
Address	
Postcode	
Telephone	
Email	
Date of Birth	
Next of Kin	
Name of GP	

Initial Questions

- What is the client's main concern? What would they like to achieve?
- Take a photo. Upsell website, newsletter and Facebook.
- What beauty products do you currently use? Skin care and make-up.
- What is your current skin care regime? Suggest improvements.

Please add responses here

Lifestyle & Medical Details

Occupation	
Do you smoke?	
Do you regularly exercise?	
Do you have a healthy diet?	
Do you drink alcohol?	
Are you currently pregnant?	
Are you breastfeeding?	
Do you suffer from allergies?	
Do you take any supplements?	
Do you take any medication?	
See your GP for any condition?	
Do you have any facial metal?	
Do you have excess fillings?	
Do you have excessive hair?	
Do you have red veins?	
Do you have warts, moles or skin tags?	

Have you had previous treatment for the above?	
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Interests

- Hair Removal
- Red Vein Removal
- Waxing
- Massage
- Skin Peels
- Medical Needling
- Botox
- Other
- Wart Removal
- Nail Treatments
- Eyelash Treatments
- Cellulite & Slimming Treatments
- Microdermabrasion
- Dermal Fillers
- Radiofrequency for Skin Tightening

Signature

<i>Please sign and date here</i>
