



Consultation form:

Treatments. _____ date _____

Client's Personal Information

Name _____ DOB _____ Phone _____

Treatment _____

Address _____ email _____

GP _____ address _____ phone _____

Medical questionnaire

Do you currently have any of the following conditions?

Cancer Yes/No Diabetes Yes/NO High /low blood pressure
Yes/No

Epilepsy Yes/No. Varicose veins Yes/No Pregnancy Yes/No.
Claustrophobia. Yes/No

Breathing disorders Yes/No Heart conditions. Yes/NO Joint
problems. Yes/No

Allergies Yes/No Fungal conditions Yes/No Infectious diseases.
Yes/No

Any recent surgery Yes/No Skin disorders. Yes/No Open Cut/
sore/wounds Yes/No

- Any other medical condition? Yes /No
- Any current medication may prevent you having this treatment? Yes /NO.

If you have answered yes to any of the above, please provide details below?

Client Declaration

I declare that the information that I have given is true and correct and give my consent for my treatment.

Treatments _____

Client's Signature: _____ Date: _____

Therapist Signature _____ Date: _____

Note _____



Massage

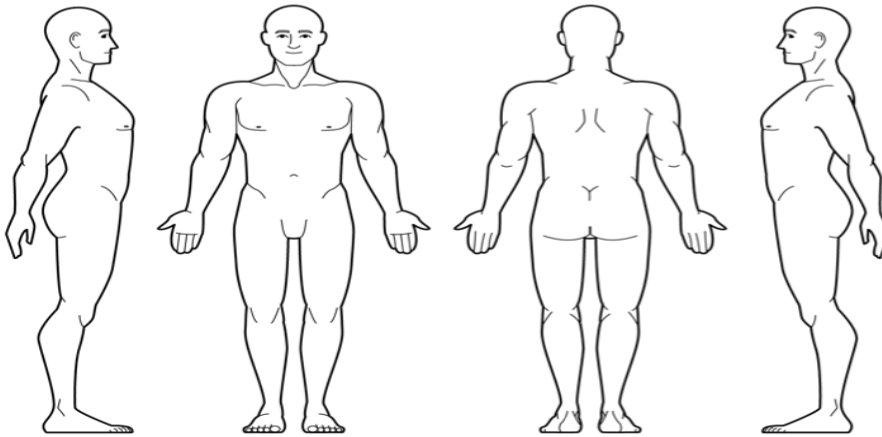
- Have you had a professional massage before? yes No
- What type of massage are you seeking?

Relaxation Therapeutic/Deep Tissue Other. _____ What pressure do you prefer? Light Medium Deep

- what are your goals for this treatment session? _____
- Do you have any allergies or sensitivities? yes no Please explain

- Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes no Please explain

Please circle any areas of discomfort



Client Declaration

I declare that the information that I have given is true and correct and give my consent for my treatment.

Clients Signature: _____ Date: _____

Therapist's signature: _____ Date _____

Note _____



Facial

Complete the Diagrams below stating the issue with x on the concern area need to be treated.



Note



- Have you ever had a facial treatment before?
- Are you taking any medications, supplements or vitamins?
- Which of the following best describes your skin type? (Please circle one type number)
Dehydrated Sensitive Mature Oily Dry Combination other

- Do you have any special skin problems or concerns pertaining to your face or body? Yes No

specify: _____

- Have you ever had chemical peels, laser or microdermabrasion?

specify _____

Client Declaration

I declare that the information that I have given is true and correct and give my consent for my treatment.

Client's Signature: _____ Date: _____

Therapist's signature: _____ Date _____

Note _____



Policy Notification

We appreciate that you've chosen Farzana's Beauty for your massage and. To provide the best service possible to our clients we have implemented the following policies.

Service Deposit / Cancellation Policy

Any services over £60 or 2 hours longer require a deposit of 25% deposit are non-refundable.

We respectfully ask that you provide us with a 24-hour notice of any schedule changes or cancellation requests. Failure to provide 24-hour notice for cancellation will result in loss of deposit.

Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have.

Inappropriate Behaviour Policy

During your treatments please ensure There is no inappropriate behavior, conversation, or request, otherwise it will result in immediate termination of your session and a refusal of any and all services in the future.

Client's Signature: _____ Date: _____