



The Lounge beauty & wellbeing Consultation Form

Please note this form must be kept for a minimum of 7 years for insurance purposes (all sections with a * need to be completed)

*Client name _____ *Date of birth ____/____/____

Address _____

Postcode _____ *Contact number _____ Mobile _____

Email address _____

What communications would you like to receive from us?

- Appointment Reminders
- Promotions and Offers
- Other

How would you like to receive them?

- Mobile SMS
- Email

*Doctor's name and address:

* Health and Wellbeing			Additional Information
Under 18 years of age	Yes	No	If 'yes' a parent or guardian must accompany all appointments
Heart conditions/pacemaker	Yes	No	
Severe circulatory disorders/DVT	Yes	No	
Diabetes	Yes	No	
Skin disorders e.g. Herpes, warts, acne	Yes	No	
Kidney problems	Yes	No	
Swelling/oedema	Yes	No	
Haemophilia	Yes	No	
Cancer	Yes	No	
Limitation of body movement/arthritis	Yes	No	
Prone to keloid scarring	Yes	No	
Hormone imbalance	Yes	No	
Stroke	Yes	No	
Claustrophobia	Yes	No	
Hepatitis	Yes	No	
Metal plates/pins/piercings	Yes	No	
Recent scar tissue/surgery	Yes	No	
Respiratory problems	Yes	No	
Any conditions affecting the ears/eyes	Yes	No	
Allergies of any kind	Yes	No	Please specify:
Latex allergy	Yes	No	
Are you pregnant/breast feeding	Yes	No	
Epilepsy	Yes	No	
High/low blood pressure	Yes	No	
Operations within 6 months	Yes	No	
HIV/AIDS	Yes	No	

*Any other medical conditions/ailments yes/no

Please specify
