FACIAL CLIENT CARD

The Secret Garden
Beauty & Aesthetics

Name: .....
Address: .....
.....
.....
.....
Tel: .....(H)
.....(M)
Email: .....

Date: .....
Birthday: .....

Doctor: .....
Address: .....
.....
.....
.....

MEDICAL HISTORY

NOTES

ALLERGIES

Diabetes	☐	Very Sensitive Skin	☐
Epilepsy	☐	Contact Dermatitis	☐
High Blood Pressure	☐	Cold Sores	☐
Kidney	☐	Moles	☐
Liver (Hepatitis)	☐	Irregular Skin Pig.	☐
Major Operations	☐	Prickly Heat	☐
Hormone Irregularities	☐	Number Of Children	☐
Hypertension	☐	Last Pregnancy	☐
Headaches / Migraine	☐	Varicose Veins (Advanced)	☐
Asthma	☐	Recent Scar Tissue	☐
Fainting / Giddiness	☐	Others	☐
H.R.T.	☐	Cancerous Lesions	☐
		Multiple Sclerosis	☐

Are you under medical supervision?
List of medication (especially Antibiotics, Steroids, Pill)

SKIN TYPE & DIAGNOSIS

Acne	☐	Open Pores	☐
Oily	☐	Blocked Pores	☐
Normal	☐	Milia	☐
Dry	☐	Dilated Caps	☐
Sensitive	☐	Skin Tags	☐
Mature	☐	Dry Patches	☐

CONSENT & RELEASE

I certify that my health statement is true. I understand the treatment I am being offered and its limitations. I understand the commitment I need to the course of treatments to gain the best possible result. I understand failure to attend any of the sessions may result in its forfeit.

Signature: ..... Date: ..... Therapist: ..... Date: .....

The Secret Garden, Rectory Cottage, Park Lane, Weston-on-Trent, Derby DE72 2BR Tel: 01332 702250 Fax: 01332 702250 Email: info@beauty-tsg.co.uk

SKIN DIAGNOSIS

Skin Description: .....

Pigmentation: .....

Acne & Acne Scars:.....

Photo Aging:.....

Home Care Used:.....

Products Recommended: .....

TREATMENT	DATE	REMARKS	THERAPIST	PRODUCTS TAKEN