Client Consultation Form

Tel / Whatsapp: +44 (0)7597 777052

Email: bookings@sansbeauty.co.uk

Website: www.sansbeauty.co.uk

Client Details

Name: _____

Address: _____

_____

_____ Postcode: _____

Phone: _____ Whatsapp:_____

Email: _____

Doctors Details

Name: _____

Phone: _____

Instructions

Please fill out all sections of this form, sign and return to SANS Beauty

On the following page, you will see a list of contra-indications.

Type 'YES' to any that apply to you.

STEP 1

Please carefully check all the contra-indications listed in the **T** section first. If you have any of these, you will not be able to have the treatments at this time until the contra-indication has cleared. Please note that the ones listed 'n/a' in the Indian Head Massage column do not apply if you are only having the Indian Head Massage.

STEP 2

Fill out any of the contraindications in the **M** section. If any of these apply to you, you will need to obtain a letter from your doctor confirming they agree for you to go ahead or not with the massage or manicure treatment. You will then need to forward a copy of the doctors letter to SANS Beauty for their records.

STEP 3

Fill out the **L** section. These do not disqualify you to go ahead with treatment – they are simply to make the therapist aware of those contra-indications.

STEP 4

Sign and date the 'Client Declaration' consent section at the end of the form and send the completed form to SANS Beauty. Also, send a copy of the doctors' letter if you answered 'Yes' to any contra-indications in step 2.

Contra-indications

Code	Contra-indications	Indian Head Massage	Manicure Hand Massage Foot Massage
T	Contagious diseases, colds, flu		
	Recent operations or acute injuries		
	Skin diseases or rashes		
	Neuritis (inflamed nerves)		
	Bacterial infections	n/a	
	Fungal infections	n/a	
	Inflamed ingrown toenail	n/a	
	Athletes foot, tumours, warts	n/a	
	Inflamed feet, reddened skin	n/a	
	Verruca	n/a	
	Varicose veins	n/a	
M	Hypersensitive skin		
	Hypertension (high blood pressure)		
	Cardio-vascular conditions, thrombosis		
	Nervous or psychotic conditions		
	Cancer		
	Bell's palsy		
	Epilepsy		
	Diabetes		
	Osteoporosis		
	Oedema (water retention)		
	Psoriasis or eczema		
	Undiagnosed lumps or bumps		
	Pregnant		
	Post surgery or post chemotherapy		
L	Undiagnosed lumps or bumps		
	Bruising, cuts, abrasions, sunburn		
	Scar Tissue		
	Sensitive skin		
	Allergies - including nuts		
	Bunions, Corns, Callouses	n/a	
	Inflammation, arthritis	n/a	

Client Declaration

I declare that the information that I have given is true and correct and that, as far as I am aware, I can undertake treatment with this therapist without any adverse effects. I have been fully informed about contra-indications and am willing, therefore, to proceed. I understand that massage therapy is not a substitute for medical advice and/or treatment.

I consent to SANS Beauty collecting, processing and storing my personal data, including my name, email address, address and phone number, and medical details as part of the consultation screening process. I am willing to receive marketing communications regarding their services.

Client's Signature: _____ Date: _____

Therapist Name: _____

Therapist's signature: _____ Date: _____