

RHONA GILLMORE

Beauty through Health

CLIENT RECORD CARD

NAME		
ADDRESS		
PHONE	Home	Mobile
EMAIL ADDRESS		
GP NAME		
CURRENT MEDICATION		

HEALTH QUESTIONNAIRE – please tick one column	yes	no
Diabetes		
Pregnant		
Breast feeding		
Heart conditions		
Epilepsy		
High / low blood pressure		
Thrombosis		
Asthma		
Thyroid		
Migraine		
Recent surgery		
Cancer		
Eczema		
Psoriasis		
Cold sores		
Botox or other injectables		
Retinol products		
Allergies		
Bloating		
IBS		
Tiredness		
Sugar cravings		
Smoke tobacco		
Smoke Vape products		
Drink alcohol		
Sugary drinks		
Daily dairy consumption, i.e. milk / yoghurt / cheese		
Skincare products using currently		
Vitamin supplements using currently		

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REASON FOR YOUR VISIT TO OUR CLINIC – please tick	yes	Therapist comment
Skin issues		
Facial hair		
Poor circulation / thread veins		
Redness / rosacea		
Pigmentation		
Dry conditions / eczema		
Oily skin / acne		
Dull skin		
Ageing concerns		
Body issues		
Body hair		
Poor circulation / veins		
Weight problems		
Poor muscle tone		
Uneven skin colour / pigmentation		
Puffy legs / ankles		
Beauty essentials		
Manicure		
Pedicure		
Make-up		
Tanning		
Colour analysis		
Eyebrows		
Semi-permanent make-up		

CLIENT DECLARATION
<p>I, have understood and answered the medical questionnaire to the best of my knowledge, and all information provided is correct. If I have added my email address I am happy for you to use this for marketing purposes under the terms of the GDPR 2018.</p> <p>Client's signature..... Date.....</p> <p>Therapist's signature..... Date.....</p>

We should be very grateful if new customers could tell us what influenced them to come to us. Please tick all reasons applicable.

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|-------------------------------|-------------------------------|
| A. Recommendation () | G. Radio () |
| B. Magazine advertisement () | I. Other website () |
| C. Internet search () | J. Facebook () |
| D. Our website () | L. Other (please state) |
| E. Magazine feature () | |