



Your Personal Consultation

Title..... First Name..... Family Name.....
 Address
 Telephone Email

What are your main concerns?

What results would you like to achieve?.....

What is your current routine? Face:

What is your current routine? Body

Medical information—Please 'X' the appropriate below

Heart condition/Stroke		Recent Operation		Joint Problems		Food/Nut allergies	
Botox/Fillers		Cancer/Chemotherapy		Product allergies		High/Low blood pressure	
Pregnancy/IVF/Breast feeding		Muscular pain		Skin sensitivity Allergies		Microdermabrasion	
Diabetes (type 1 or 2)		Hepatitis/epilepsy		Depression/Anxiety		Varicose veins/DVT/Thrombosis	
Hormonal imbalance		Poor circulation		Acne/Rosacea		Use of AHA's	
Kidney/Liver disorders		Water retention		Eczema/Psoriasis		Foot infections	
Thyroid problems		Claustrophobia		Asthma		Iodine/Shellfish sensitive	
Recent cosmetic surgery		Contact Lenses					

Is there anything else you think we should know regarding your health that may affect or prevent you having treatments?



Are you taking any medication or homeopathic supplements?

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Your Permission

I hereby consent to the use of my personal data (including any sensitive personal data) for the purpose of my treatment and any future treatment and confirm that any treatment is at my own risk without limiting or affecting any statutory rights I may have. I agree that any dispute or claim that arises out of or is related to such treatment and/or spa services shall be subject to the law and exclusive jurisdiction of the courts of the country/region in which the relevant treatment/ service took place. Personal data will be held and used by the spa, salon or store providing the treatment and not by ESPA.

Guest signature :.....Date.....

Consultation Notes:

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Treatment:

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Therapist:

Email completed back to reception@mountpleasant.co.uk