JULIA BENSON
Skin Scientist

Consultation
Private & Confidential

To ensure I carry out the safest and most effective treatments for you, it is necessary to ask the following questions.

Please read carefully and answer all the questions.
Please tick either 'Yes' or 'No' where necessary and please add further notes at the bottom or reverse of this document, as this document will form part of your file history.

Client Name:
D.O.B.
Address:
Tel. No:
Email Address:

Instagram Username:
Facebook Username:
Tik Tok Username:

Subscribe to Newsletter (first to hear about news and offers)
Y/N

Occupation:

Current Skincare Routine (list brands):
Skin Type: Normal ☐ Dry ☐ Oily ☐ Sensitive ☐ Combination ☐

Any Skincare Concerns:

Do you have or are you affected by any of the following conditions:

	NO	**YES**
Any form of infection, disease or fever	☐	☐
Diarrhea or vomiting	☐	☐
Under the influence of recreational drugs or alcohol	☐	☐
Are you in the last 3 months of pregnancy	☐	☐
Diabetes	☐	☐
High Blood Pressure	☐	☐
Low Blood Pressure	☐	☐
Thread Veins	☐	☐
Depressed Immune System	☐	☐
Eczema / Psoriasis	☐	☐
Acne	☐	☐
Heart Conditions	☐	☐
Blood Conditions	☐	☐
Medical Oedema	☐	☐
Nervous/Psychotic conditions	☐	☐

Cancer	☐	☐
Osteoporosis	☐	☐
Undiagnosed Pain	☐	☐
Contagious Illness	☐	☐
Botox or Filler (in the last 3 weeks)	☐	☐
Sunburn	☐	☐
Asthma	☐	☐
Trapped / Pinched Nerve	☐	☐
Epilepsy	☐	☐
Cardiac Patient	☐	☐
Cysts or Warts	☐	☐
Shingles or Chicken Pox	☐	☐
(or in contact with a member of the Family that have either of these)		
Nervous System Dysfunction	☐	☐
Inflamed Nerve	☐	☐
Whiplash	☐	☐
Contact Lenses	☐	☐
Arthritis	☐	☐
Recent Operations/Surgery	☐	☐
Scar Tissue	☐	☐
Slipped Disc	☐	☐
Undiagnosed Pain	☐	☐
Recent fractures	☐	☐
Undiagnosed Lumps	☐	☐
Conjunctivitis or Eye Infection	☐	☐
Styes	☐	☐
Watery Eyes	☐	☐
Broken Skin / Cuts	☐	☐

Bruises	☐	☐
Abrasions	☐	☐
Localised Swelling	☐	☐
Hypersensitive Skin	☐	☐
Hyper-Keratosis (in the form of corns/calluses etc)	☐	☐
Hormonal Implants	☐	☐
Migraine / Headache	☐	☐
Neuralgia	☐	☐
Sinusitis	☐	☐
Other Conditions	☐	☐

Any other diagnosed condition being treated by a GP or other complementary practitioner?	☐	☐

Any other undiagnosed condition?	☐	☐
Prescribed medication:	☐	☐

Are you receiving any other form of complimentary therapy?

Any known allergies?

Do you use sun protection?	☐	☐
Do you use tanning beds?	☐	☐
Do you smoke?	☐	☐

What is your alcohol consumption?

Disclaimer

For my records, I need to confirm that you have read, understood and answered all of the above questions. If there is anything you do not understand, please ask me. Otherwise, please read the following and sign below.

To the best of my knowledge, the information I have given is true, and I have not withheld any information concerning my health. I will keep Julia Benson updated on my health should there be any changes to the answers given.
I understand there is a possibility I may experience some minor reactions as my body adjusts to the treatment and products used.

I understand that Julia Benson does not diagnose illness, disease or any other physical or mental condition. I understand this treatment(s) is not a substitute for a medical examination, diagnosis or treatment.
While I recognise that all due care will be taken by Julia Benson, I am aware that my participation in the treatment(s) is voluntary.

Please print name here:
Please sign here:

Date: