Body Treatment Record Card

Date

Products used at home	
Body Scrub	Body Lotion
Body Brush	Contour Cream
C Other	

reatment Details	Advice/ Retail	Therapist	
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Notes

Body Treatment Record Card



Name	Date of Birth	Date of Birth					
Address					Tel: (Work)		
					Mobile		
Dr Name	Tel	Tel					
Present Medical Treatment			Medication/Supplements	Medication/Supplements			
Allergies	Liquids Consumed Today						
Client Main Concerns and Expectations	Previous Body Treatments	Previous Body Treatments					
General Questions							
	Epilepsy Desoriasis/Eczema		a 🗌 Panic Attacks	Panic Attacks Pregnant		Kidney/Liver Disorders	
	Thrombosis Recent Scars		Recent Waxing, Laser or IPL	PL Menstruation Headache/Migraine			
High/Low Blood Pressure	Back/Joint Problems	Claustrophobia	HRT	E	reast Feeding	Time Since Eaten	
Diet Body Frame			estyle I		Exercise		
Smoke Water	Height [Active		Times per week		
Tea Alcohol	Weight		Sedentary		Type of Exercise		
		(Occupation	supation			
Areas and types of cellulite							
Analysis of muscle tone							
Indemnity/Consent							
□ I confirm that I understand the trea	tment and the answer:	s I have given are true	and correct.				
I give my consent for the treatment	t to take place.						
Client Signature	Date		Client Signature		Date		
Client Signature Date		Client Signature		Date			
Information is confidential and is only us	ed by staff for your trea	atments. Details will no	t be passed to a third party.				
Therapist Signature	Signature Date of Consultation						