



TheGlobalBeautyGroup
Technology for Beautiful Business

Client Consultation Form

Title:_____ First Name:_____ Surname:_____

Address:_____

Occupation:_____ Email Address:_____

Mobile:_____ Home Ph:_____

Date of Birth:_____ Ethnic Background:_____

Emergency Contact Name and Telephone:_____ Relationship:_____

How did you find out about us?_____

Area(s) of concern _____

Details _____

Are you currently under a doctor's care? ☐ Yes ☐ No

Details _____

Are you taking any medication? (ie. Anti-depressants, herbal supplements etc?) ☐ Yes ☐ No

Details _____

Do you have any current or chronic medical illnesses? ☐ Yes ☐ No

Details _____

Do you have any allergies? ☐ Yes ☐ No If so, please list _____

Do you have permanent makeup, implants or tattoos? ☐ Yes ☐ No Details _____

Have you done Botox, Dermal Fillers (within 12mths) ☐ Yes ☐ No Details _____

Do you smoke? ☐ Yes ☐ No If so, how many per day? _____

Have you had any recent: ☐ Chemical peel ☐ Dermabrasion ☐ Laser ☐ Surgery Other _____

Have you got ANY type of skin tan (fake or natural)? ☐ Yes ☐ No Details _____

Are you on HRT? ☐ Yes ☐ No

Skin Type:

How would you rate your skin in the area to be treated?

- ☐ Type I Always burn, never tan. Extremely fair skin/blonde hair/blue/green eyes
- ☐ Type II Usually burn, tan less than about average. Fair skin, sandy brown to brown hair, green/blue eyes
- ☐ Type III Sometimes burns, gradually tans about average. Medium skin, brown hair, green/brown eyes
- ☐ Type IV Sometimes burns, tans Light brown or olive skin, dark brown eyes and hair.
- ☐ Type V Rarely burns, tans profusely. Dark brown skin, black hair, black eyes
- ☐ Type VI Deeply pigmented, never burns. Black skin, black hair, black eyes