

FREE Online Consultation Form

Client Information:

Name:

Age:

Gender:

Contact Number:

Email:

Address:

Medical History:

Are you currently under the care of a physician for any medical conditions? If yes, please specify:

Have you had any previous surgeries or medical procedures? If yes, please specify:

Do you have any known allergies to medications, foods, or skincare products? If yes, please specify:

Are you pregnant or breastfeeding?

Do you have any history of skin conditions or disorders?

Treatment Goals:

What specific concerns or areas would you like to address with aesthetic treatments?

Are you interested in any particular treatments or procedures? Please specify:

What are your expectations regarding the outcome of the treatment(s)?

Skincare Routine:

Please describe your current skincare routine, including any products or treatments you use regularly:

Do you have any sensitivities or reactions to skincare products?

Consent:

I understand that the information provided on this form is essential for assessing my suitability for aesthetic treatments. I consent to the use of this information for the purpose of my consultation and treatments at Chaleur Aesthetics UK. I acknowledge that the information provided will be kept confidential and will not be shared with third parties without my consent.

Signature: _____

Date: _____