

AVALION

Private & Confidential Client Consultation Form

Client Details

Client Ref:	Telephone Number:
Address:	Mobile Number:
	Occupation:
Postcode:	Date of Birth:
Email:	Gender:

Medical History

Do you or have you ever suffered from: Eye infections <input type="checkbox"/> Undiagnosed lumps <input type="checkbox"/> Skin disorders <input type="checkbox"/> Cuts, abrasions, swellings etc <input type="checkbox"/> Extreme sensitive, fluttery eyes <input type="checkbox"/> History of allergies, severe sensitivity to cosmetics etc <input type="checkbox"/>	
Allergies:	
Phobias:	
Do you wear contact lenses? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you claustrophobic? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever had eye treatments before?	
If YES, did you experience any problems?	
Additional Comments:	

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Patch Test Information

Date:	Site of lifting lotion:
	Site of fixing lotion:
	Site of adhesive:
Date:	Reaction:
	Positive/Negative

Client Statement & Agreement

I acknowledge that all the information on this consultation sheet above my signature is accurate and correct to the best of my knowledge. I accept full and complete responsibility for my own emotional and/or physical well-being both during and after this therapy and/or training session. I agree to inform the therapist of any changes to my circumstances during any subsequent treatments. I realise that any advice given to me to carry out between sessions is important and I agree to make every effort to carry this out. I understand that no claim to cure has been made and realise that treatments should not replace conventional treatments.

Signed: (Client) Date: _____

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Private & Confidential Client Treatment Record

Client Ref:

Date:
Have there been any changes to your circumstances, medication, or general health since your last treatment? Comments: Shield size: Timing: Results: Yes <input type="checkbox"/> No <input type="checkbox"/> Small Medium Large Lifting lotion Fixer
Client declaration: I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have been fully informed about contra-indications and I am therefore willing to proceed with treatment. Signed (Client): _____ Date: _____
Date:
Have there been any changes to your circumstances, medication, or general health since your last treatment? Comments: Shield size: Timing: Results: Yes <input type="checkbox"/> No <input type="checkbox"/> Small Medium Large Lifting lotion Fixer
Client declaration: I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have been fully informed about contra-indications and I am therefore willing to proceed with treatment. Signed (Client): _____ Date: _____

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Continued...

Have there been any changes to your circumstances, medication, or general health since your last treatment?

Comments:

Shield size: Timing: Results:

Yes No

Small Medium Large

Lifting lotion Fixer

Client declaration: I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have been fully informed about contra-indications and I am therefore willing to proceed with treatment.

Signed (Client): _____ Date: _____