Logo, company name

Description automatically generated

Consultation Forms

First name:

Second name:

Email address:

Number:

Date of birth:

Address:

**Skin Analysis**

**What describes your skin?**

* Dry
* Oily
* Sensitive
* Combination
* Fair

**Do you have any of the following?**

* Pacemaker or pacemaker leads
* Heart condition
* Cancer/cancer lesions
* Epilepsy
* Diabetes
* HIV
* Recent Scar tissue
* Chemotherapy
* NONE

**Are you taking any medications? If yes, please state below…**