

COVID 19 Form – Test and Trace

All clients coming into the salon must complete this Covid-19 form. If you are new to the salon, please fill in both forms.

All information remains strictly confidential.

Name *

First Name

Last Name

Email *

Address

Address 1

Address 2

City

County

Postal Code

Country

Mobile Number

*delete as appropriate

Have you had Covid-19 or been in close contact with someone that has in the last 2 weeks? *

YES/NO

Have you been tested and waiting on results? *

YES/NO

Do you have any of the following? Flu like symptoms, fever, dry cough, body aches, headaches, sore throat, runny nose, shortness of breath? (Note, this refers to new or unusual symptoms not aligned with medical history. You can exclude medical conditions that have the symptoms for example allergy, history of migraines. *

YES/NO

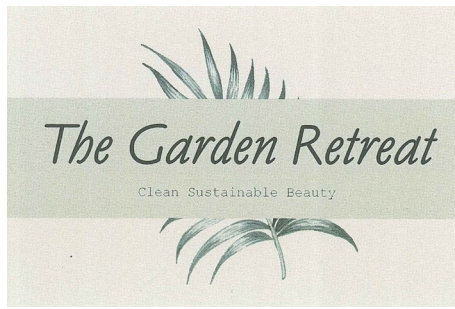
I confirm this is to the best of my knowledge and agree to notify The Garden Retreat of any changes during the next 14 days*

I confirm

Signed *

Enter name

Today's Date *



CONSULTATION FORM

If you are new to the salon please also fill in this consultation form. All information remains strictly confidential.

Name *

First Name

Last Name

Email *

Address

Address 1

Address 2

City

County

Zip/Postal Code

Country

Mobile Number *

Within the last year have you been under a doctor's care? Please explain. *

Please let us know any medical history. *

Any medical history past, present or underlying please list here.

Please list any medication, supplements, contraceptives etc that you are taking *

List all medication etc listed here even if you think it doesn't matter. The more information we have, the better.

Do you have any allergies? *

Any allergies currently or underlying list here

What is your occupation? *

How often do you exercise?

Do you smoke?

How stressed do you feel on a scale of 1-10? With 10 being the worst.

Have you been on Roccutane or Retin-A in the last 6 months?

If you are pregnant, how many weeks?

How much caffeine do you have daily?

How much water do you have daily?

I confirm this is the correct information best to my knowledge and agree to notify The Garden Retreat of any changes. *

I confirm

Sign *

.....

Name

Today's date