

01795 532 418

# SHELDON SPA



## CLIENT SERVICE CARD

Please fill-out prior to your visit

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No (Home): \_\_\_\_\_ Tel No (Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

### General Practitioner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_

### Medical Disclosure

Prescribed Medication: Yes  No  Details: \_\_\_\_\_

Surgery: Yes  No  Details: \_\_\_\_\_

Ailments: Yes  No  Details: \_\_\_\_\_

Skin Analysis: Dry  Sensitive  Combination  Details: \_\_\_\_\_

Oily  Normal  Fair  Dark

Allergies/Intolerances: Yes  No  Details: \_\_\_\_\_

### Notes

Additional Notes: \_\_\_\_\_

Signature Required: \_\_\_\_\_

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