

CLIENT SERVICE CARD

GENDER: Female ☐ Male ☐ Non-Binary ☐ TITLE: Miss ☐ Mrs ☐ Ms ☐ Mr ☐ Mx ☐ D.O.B: / /

NAME:

ADDRESS:

POSTCODE:

E-MAIL: CONSENT TO REGISTER TO SHELDON VIP: Yes ☐ No ☐

TEL: TEL (ALT):

GENERAL PRACTITIONER INFORMATION

NAME:

ADDRESS:

POSTCODE:

TEL:

MEDICAL DISCLOSURE

PREScribed MEDICATIONS: Yes ☐ No ☐ Details:

SURGERY: Yes ☐ No ☐ Details:

AILMENTS: Yes ☐ No ☐ Details:

SKIN ANALYSIS: Dry ☐ Combination ☐ Fair ☐ Normal ☐ Details:
Oily ☐ Sensitive ☐ Dark ☐

ALLERGIES / INTOLERANCES: Yes ☐ No ☐ Details:

NOTES

ADDITIONAL:

SIGN

PRINT: SIGN: DATE: / /