

Leigh & Co Beauty



Leigh & Co Beauty - Client Consultation Form

Confidential

Thank you for choosing Leigh & Co Beauty. To ensure we provide you with the safest and most effective treatment, please complete this form thoroughly and honestly. All information is strictly confidential.

Personal Details

* Full Name:

* Date of Birth:

* Address:

* Phone Number:

* Email:

* Occupation:

* Emergency Contact Name & Number:

Treatment Details

Date of Consultation:

Treatment you are interested in (please tick all that apply):

☐ Pure Pro Skin Boosters

☐ Pure Eyes Skin Boosters

☐ Pure Bottle Lipolysis

☐ Tropic Skincare Facial

☐ Massage

☐ Atlantis Hair Restoration

☐ Other (please specify):

Please describe your primary concerns or goals for this treatment:

Medical History

- Are you currently under the care of a doctor? Yes / No
- If yes, for what condition?
- Please list any medications you are currently taking (including prescription, over-the-counter, and supplements):

- Please list any known allergies (e.g., to products, medications, latex, etc.):

- Have you had any of the following medical conditions?

☐ Heart Conditions

☐ High/Low Blood Pressure

☐ Diabetes

☐ Epilepsy/Seizures

☐ Claustrophobia

☐ Cancer

☐ Autoimmune disorders (e.g., Lupus, Rheumatoid Arthritis)

☐ Blood-thinning disorders

☐ Hepatitis, HIV, or other communicable diseases

☐ Currently pregnant or breastfeeding

☐ History of cold sores/herpes (for facial treatments)

☐ History of keloid scarring

☐ Any recent surgeries? (Please specify date and type):

☐ Any other serious medical conditions not listed above? (Please describe):

Skin & Treatment History (for skin and hair treatments)

- Do you have any known skin conditions (e.g., eczema, psoriasis, rosacea, acne)? Yes / No

If yes, please describe:

- Have you had any aesthetic treatments in the area of concern before? Yes / No

If yes, please provide details (e.g., Botox, fillers, laser, micro-needling, etc.):

- Do you have a history of sun sensitivity or sunburns? Yes / No
- Do you wear SPF daily? Yes / No
- Are you prone to bruising or swelling? Yes / No

For Atlantis Hair Restoration:

- Have you been diagnosed with any form of alopecia or hair loss?
Yes / No
- If yes, what type?
- Do you have a family history of hair loss? Yes / No
- Have you used any topical hair loss products (e.g., minoxidil/Regaine)? Yes / No

Declaration and Consent

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that withholding information could be detrimental to my treatment and health.

I have been given the opportunity to ask questions about the treatment, and I understand the potential risks and benefits associated with it. I consent to Leigh & Co Beauty providing the agreed-upon treatment.

I understand that photographs may be taken before and after the treatment for my confidential medical record. These will not be used for promotional purposes without my explicit written consent.

Client Signature:

Date:

Therapist Notes & Signature

* Therapist Name:

* Consultation Discussion:

* Recommended Treatment Plan:

* Consent to Treatment Obtained: Yes / No

* Therapist Signature:

* Date:

"BEAUTY BEGINS THE MOMENT YOU DECIDE TO BE YOURSELF." — COCO CHANEL

THIS QUOTE REMINDS US THAT TRUE BEAUTY COMES FROM EMBRACING OUR AUTHENTIC SELVES. AT LEIGH & CO BEAUTY, WE BELIEVE IN ENHANCING YOUR NATURAL BEAUTY AND EMPOWERING YOU TO FEEL CONFIDENT AND COMFORTABLE IN YOUR OWN SKIN.