Business name _____

New Client Medical History

This helps us keep a record of your general health background. It's separate from the treatment-specific questions (like patch testing) you'll still be asked before certain treatments.

Full name

Date of birth

Home address

Do you have any medical conditions we should know about?

Are you currently taking any medications?

Do you have any known allergies?

Do you have any skin conditions (e.g. eczema, psoriasis, dermatitis)? ☐ Yes ☐ No

Are you pregnant or breastfeeding? ☐ Yes ☐ No

Have you had a reaction to a beauty treatment or product before? ☐ Yes ☐ No

If yes, please give details

☐ I confirm the information above is accurate, and I'll let you know if anything changes.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____

Free blank form from Covered Beauty. It's a starting point: check the wording with your insurer before you use it.
Send it online, signed before they arrive: beauty.covered.technology/features/consultation-forms