**EDEN WATERS SPA CLIENT CONSULTATION SHEET**

Therapist …………………………... Date………………

Client name………………………...

Address…………………………….

……………………………………..

Email……………………………….

Age group

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 20 | 20-30 | 30-40 | 40-50 | 50-60 | 60+ |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Skin Type** | **Y/N** | **Skin Condition** |  |
| Dry |  | Dehydration |  |
| Oily |  | Sensitive |  |
| Combination |  | Mature |  |

**Contra-indications preventing treatment**- **please mark with a tick or a cross**

|  |  |  |  |
| --- | --- | --- | --- |
| Bacterial - impetigo |  | Infestations |  |
| Fungal - tinea |  | Severe psoriasis |  |
| Eczema |  | During radiotherapy |  |
| During Chemo |  | Dysfunction of the nervous system |  |
| Eye infections |  | Dysfunction of the muscular system |  |
| Skin conditions |  | Covid-19 |  |
| Deep thrombosis |  |  |  |
| Herpes simplex |  |  |  |

**Contra – indications restricting treatment – please mark with a tick or a cross**

|  |  |  |  |
| --- | --- | --- | --- |
| Recent scar tissue |  | Hyper- keratosis |  |
| Cuts or abrasions |  | Product allergies |  |
| Fractures or sprains |  | Diabetes |  |
| Broken bones |  | Heart disease/disorders |  |
| Skin disorders |  | Lumps or swellings |  |
| Skin allergies |  | H/L blood pressure |  |
| Circulatory conditions |  | Respiratory Conditions |  |
| Phlebitis |  | Epilepsy |  |

**\*If you are pregnant, certain treatments may not be carried out, please see our terms and conditions**

**Client’s Signature……………………..**