basicsalon
www.basicsalon.com

Customer Registration Form

This **registration is mainly to safe guard against possible contra-indications** on some chosen treatments and to ease your future appointment bookings with our workshop system. This is a confidential form and we give you assurance of your personal details upon the Data protection Act. Your personal information will not be shared with any third parties. We will seek your approval for any necessary use of your information. We are hereby, committed to provide you with excellent service. Please fill in the blanks or mark the appropriate answer as accurate as you can. If you are unsure of the question, please do not hesitate to ask reception who will be happy to help.

Title:	Miss/Ms/Mrs/Mr/Dr/	***First name:**	
Occupation:		***Surname:**	
Landline number:		***Mobile:**	
Date of birth:		**Email:**	

Please mark an X on your answers:

How did you hear about us? ☐ Another client, name: ....

☐ Walk by ☐ word of mouth ☐ Yell.com ☐ Google ☐ Treatwell

Please note that you can view our full pricing and promotional treatments on our website:
http://www.basicsalon.com/prices/pricelist or Ask at reception for our pricelist

Please mark an X or fill any of the following that applies to you: **If none, please leave unmark**

Epilepsy		Severe varicose veins	
Spastic conditions		Recent scar tissue	
Infections		Cancer: Skin or others	
Diabetes		High/low blood pressure	
Contagious disease		Contagious disease	
Psoriasis		Tinea vesicular (Fungal infection)	
Eczema		Malignant melanoma	
Thrombosis		Pacemakers/heart problems	
Verruca (viral)		Undergoing medical treatment	
Severe skin conditions diseases or disorders		Systemic medical conditions	
Scabies/ Infectious contagious diseases		Carrier of HIV, AIDS, Hepatitis	
Dysfunction of the nervous system		Undiagnosed lumps, bumps, swellings	
Cardio vascular problems i.e. Heart disease		Others	
Asthmatic			

Above are Contra Indications and if you have any of these, you will require medical approval/ referral before any skin treatments or face/body electro-treatments.

	Allergic reactions to products		Migraines:
	Hyper sensitive skin		Under influence of alcohol or drugs
	Pregnant, months		Recent operation, (specify where):
	Bruising on areas, (specify where):		Unexplained bodily pain, (specify where):
	Pigmentation disorder :		Sunburn/ heartburn:
	Metal pins or plates implant, (Specify where)		Recent fractures/sprain, (specify where):
	High anxiety		Dermatitis, (Specify where):
	Botox, (Specify where):		Excessive metal dental work
	Systemic medical condition:		Inflammation on the treated area:
	Severe menstruation pain:		**Others:**

Any of the above can prevent and /or restrict to treatments on those areas. Please inform our therapist before commencement of any treatment.

Have you had any skin reaction from any treatment(s) you know of in the past? NO
YES:____

Is this the first time you are doing this treatment? NO
YES:____________________________

Is there anything that you think our practitioners needs to know prior to your treatments to avoid any bad reaction which we will not be responsible? **NONE**
YES:

Please fill and mark with an X which of these you have done or had a patch tested:				
	When?		Yes	No
Hair tint/colour		Did you have a reaction		
Hair Perm		Did you have a reaction		
Hair lightening		Did you have a reaction		
Hair Straightening		Did you have a reaction		
Eyelash/brow tint		Did you have a reaction		
Eyelash perm		Did you have a reaction		
Brazilian Blow-dry		Did you have a reaction		
Other possible contra-action:				

It is mandatory that the above tests should be done **48hr prior** to relate treatments request. Please note that any reaction on the above may restrict the treatment on you.

Body waxing		Did you have a reaction		
Face waxing		Did you have a reaction		

Please note, you would require **24hour** product skin patch tests if this is the first time you ever done this requested treatment or you have a reactive skin type or you are unsure if your skin will be okay for this requested treatment.

Please do update us on any changes to your medical condition.

Understand and agree to our policy, terms and conditions are important. Please see attached
Or go to:
Our workshop policy**-** http://www.basicsalon.com/our-policy
Our Terms and conditions **-** http://www.basicsalon.com/terms-and-conditions

Do you accept our policy, terms and conditions?	Yes	No

Please sign: .... **Date:...............................**