

CALLUS PEEL CONSULTATION

If you are **pregnant**, we are sorry but you will **not** be able to have this treatment.

Name:	
Address:	
Post Code:	Email:

Do you suffer from Psoriasis?	Yes	No
Are you a diabetic?	Yes	No
Have you any serious medical conditions i.e. Cancer? If yes, please give brief details:	Yes	No
Are you on any long-term medication? If yes, please give brief details:	Yes	No
Are you allergic to any of the ingredients in the products (as per list below)? If you are, then unfortunately you will not be able to have the Callus Peel treatment.	Yes	No
Any additional information:		
<i>Disclaimer: I declare that I have read and understand the questions above and the treatment I am about to receive from the therapist and what it entails and have answered all questions to the best of my knowledge. I have no medical condition that may affect or induce a harmful reaction to this treatment. I acknowledge that the information above is for the therapist's records only and will not be misused or passed on to any third parties.</i>		
Name & signature of Therapist:		
Signed by Client:		Date:

INGREDIENTS OF SKIN SOFT SACHET:

Aqua (Water), Glycerin, Alcohol, Sodium Hydroxide, Carbomer, Citric Acid, Tartaric Acid, Lactic Acid

INGREDIENTS OF MOISTURE CREAM:

Aqua (Water), Glyceryl Stearate & PEG 100 Stearate, Glycerin, Stearic Acid, Alcohol, Urea, Dimethicone, Tocopheryl Acetate, Triethanolamine, Methylparaben, Lavandula Angustifolia (Lavender) Oil and Eucalyptus Globulus Leaf Oil (parfum or aroma)