



Consultation Form Thesera.L

Name in Full	
Date:	
Date of Birth:	
Your Address:	
Telephone Number:	
Email Address:	
Emergency Contact Name and Number:	
GP Name and Number:	
Medical Conditions:	

Please state yes or no if any of the below are applicable	Yes	No
Are you taking Retin-A?		
if YES, have you discontinued this treatment for the past 7-10 days?		
Are you Pregnant or lactating?		
Do you suffer from Allergies? Please list		
Do you have any Auto immune disorders?		
Do you currently have Sunburnt skin or been using sunbeds?		
Have you had a permanent or semi-permanent make up (cover with a barrier)		
Are you suffering Active cold sores or lesions?		
Do you have Active facial rash?		
Do you have any Open wounds?		
Facial Acne?		
Facial eczema?		
Herpes virus?		
Are you taking Photosensitising medications?		
Have you ever taken Accutane, if yes, have you been off Accutane for at least 1 year?		
Do you currently have Infectious disease?		
Do you have or ever been treated for skin cancer?		
Do you have or ever been treated for Facial melanoma?		
Do you have Dermatitis or psoriasis?		
Have you recently had facial surgery?		
Are you taking any of the following medication?		
Trentinoin, Renova, Tazorac, EpiDuo, Differin, Avage and Ziana		

If ANY One of the above medications applies to you we are unable to perform the treatment.

Please do not book or attend your appointment if the answer is Yes.

Please bring Photo Id and proof of age.

Please tick here if you would like to be signed up to our email and receive exclusive offers? Yes / No

Please confirm by signing below that the questions above have been answered truthfully and to your best knowledge and you have a clear understanding of the questions asked.

Signature:

Date: