

# Skin Tightening / Body Sculpturing Consultation Form

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Mr/Mrs/Miss/Other \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel No \_\_\_\_\_ Mobile Tel No \_\_\_\_\_

Email \_\_\_\_\_

Doctors Name & Address \_\_\_\_\_

Ethnic origin \_\_\_\_\_ Occupation \_\_\_\_\_

## Indication (please circle)

Lax skin                      Lines & wrinkles                      Cellulite                      Localised fat                      Other

Body area(s) \_\_\_\_\_

Comment \_\_\_\_\_

## Lifestyle & Medical History – please tick any that apply to you

- |                                 |                          |                                 |                          |
|---------------------------------|--------------------------|---------------------------------|--------------------------|
| Pregnant or breastfeeding       | <input type="checkbox"/> | History of cancer               | <input type="checkbox"/> |
| Pacemaker                       | <input type="checkbox"/> | Liver disease                   | <input type="checkbox"/> |
| Metallic prosthesis or implants | <input type="checkbox"/> | IUD                             | <input type="checkbox"/> |
| Diabetes                        | <input type="checkbox"/> | Autoimmune disease              | <input type="checkbox"/> |
| Herpes (shingles/cold sores)    | <input type="checkbox"/> | Regular smoker                  | <input type="checkbox"/> |
| Skin Disorders                  | <input type="checkbox"/> | Varicose veins / Thred veins    | <input type="checkbox"/> |
| High blood pressure             | <input type="checkbox"/> | Allergies (please detail) _____ |                          |
| Chemical Peel                   | <input type="checkbox"/> | Units alcohol / week _____      |                          |
| Botox                           | <input type="checkbox"/> | Weight _____                    |                          |
| Injectable fillers              | <input type="checkbox"/> |                                 |                          |

Products Used & Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

experts in aesthetic technology

# Lynton