**Client Disclaimer and Contra-indication**

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Home telephone Number: |  |
| Emergency Contact & Number: |  |
| Mobile: |  |
| Address: |  |
| Email Address: |  |
| DOB |  |
| Parents or Guardian Signature if client is under the age of 18 |  |

**Contra-indications**

**If you have any of the following health issues, please enter yes alongside each one that you have.**

|  |  |  |
| --- | --- | --- |
| **Health Issue** | **Yes?** | **Details** |
| Allergies (nasal or Skin) |  |  |
| Arthritis / Osteoporosis |  |  |
| Diabetes |  |  |
| Digestive or renal problems |  |  |
| Epilepsy |  |  |
| Heart problems, disease |  |  |
| Lung problem or disease |  |  |
| Pregnancy |  |  |
| History of back problems |  |  |
| Implants (inc contraceptive) |  |  |
| Loss of skin sensation or nerve damage |  |  |
| Medication  (drug/creams/injections) |  |  |
| Recent operations |  |  |
| Recent injury or scar tissue |  |  |
| Skin diseases or disorder |  |  |
| Un/diagnosed lumps or swelling |  |  |
| Circulatory disorders |  |  |
| Cancer (history of) |  |  |
| Broken bones / strains or joint problems |  |  |
| Headaches/migraines or dizziness |  |  |
| Metal pins/plates |  |  |
| Varicose veins |  |  |
| Stress or depression |  |  |
| Muscle aches and pains |  |  |
| Skin type and regime |  |  |
| Cuts, abrasions or bruising |  |  |
| High or low blood pressure |  |  |
| Thrombosis |  |  |
| Any other conditions |  |  |
| Patch test results |  |  |
| Type | Done | Results |
| Eyelash or brow tint patch test |  |  |
| Eyelash perm patch test |  |  |

**Polished Policy**

Before Your First Beauty appointment or Pilates Session, a consultation card must be filled in to ensure that all the treatments I provide are suitable for you.

Also, before attending any Pilates sessions you must bring the signed physical activity readiness questionnaire to your free consultation.

**Payments and Cancellations**

We accept card, cash or bank transfers before completion of treatment, we do not accept cheques and a deposit may be required for multiple treatments. Please give at least 24 hours’ notice if you wish to cancel an appointment, otherwise a cancellation fee of 50% of the cost of the treatment will be charged or you will lose one session from a pre-paid block.

If you are ill, please cancel your scheduled exercise session or beauty treatment and wait until you are better before returning to exercise or hands on treatments. Catch up classes and movements of appointments will be available provided you have given 24 hours’ notice.

**Health & Safety**

I certify that my therapist or instructor has run through all medical details and I have answered the above to the best of my knowledge. I understand that failure to disclose information requested above may result in adverse side effects that are unknown, and I accept full liability/responsibility. I am aware that it is my responsibility to inform the therapist or instructor of my current and ongoing medical or health conditions and it is essential to enable the therapist or instructor to execute appropriate treatment or session procedures. I acknowledge the possible side effects of any beauty or Pilates procedures and I accept that any treatment I have is taken at my own risk.

By signing below, you certify that the above medical history statements are true and correct. If any of the circumstances change please notify your therapist or instructor, who will be able to advise your accordingly.

**Data Protection**

**Why do I collect your data?**

Medical and fitness details are collected so Natasha can provide the best beauty treatments or Pilates sessions around your medical needs.

Contact information is collected to contact you regarding appointments or payments.

By signing below, you agree to receiving acknowledgments and reminders for treatment or session bookings via email and receipts for card payments over text or email, I can call or text to remind you of your treatment, but this must be requested. I will contact you if you are late or miss an appointment without prior notice.

Would like to hear about any special offers. Yes / No

How would you like to receive our offer? Email / SMS.

**How do we collect your data?**

Natasha will do a free consultation to discuss your medical details in private. You can also book appointments online where you will need to fill in your contact information.

Any personal information collected is stored on an appointment booking system, a business phone, laptop and hard drive which are password locked.

**Who may see your data?**

No data is shared unless I receive your consent to talk to another beauty or Pilates profession for advice, or in a safe guarding issue. If Polished Inside & Out gets any employees, they will also have access to your information.

**What rights do you have regarding your personal data?**

You can request to see what data we hold about you; this can take up to a week. If you no longer wish to have beauty treatments or Pilates sessions, you can request for your details to be deleted this can also take up to a week to complete. If you do not request it to be deleted, we will hold your details for up to 3 years from your last treatment. We together must make sure your data is up to date and accurate.

**Client Signature:**



**Date:**

Any Other information