

Please note: This is not a membership registration. To register as a member, a small fee of £60 is charged for 12 months of cost price with promotional treatments, which may be FREE or as little as £1. – "Recommended for those who regularly take care of their appearance and desire good value for money on treatments."

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?	<input type="checkbox"/> Another client, name:
<input type="checkbox"/> Walk by	<input type="checkbox"/> word of mouth
<input type="checkbox"/> Yell.com	<input type="checkbox"/> Google
<input type="checkbox"/> Others, please state:	

Please note that you can view our full pricing and promotional treatment on our website:
www.basicalon.com

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

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

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

<input type="checkbox"/> Allergic reactions to products	<input type="checkbox"/> Migraines:
<input type="checkbox"/> Hyper sensitive skin	<input type="checkbox"/> Under influence of alcohol or drugs
<input type="checkbox"/> Pregnant, months	<input type="checkbox"/> Recent operation, (specify where):
<input type="checkbox"/> Bruising on areas, (specify where):	<input type="checkbox"/> Unexplained bodily pain, (specify where):
<input type="checkbox"/> Pigmentation disorder :	<input type="checkbox"/> Sunburn/ heartburn:
<input type="checkbox"/> Metal pins or plates implant, (Specify where)	<input type="checkbox"/> Recent fractures/sprain, (specify where):
<input type="checkbox"/> High anxiety	<input type="checkbox"/> Dermatitis, (Specify where):

<input type="checkbox"/>	Botox, (Specify where):
<input type="checkbox"/>	Systemic medical condition:
<input type="checkbox"/>	Severe menstruation pain:

<input type="checkbox"/>	Excessive metal dental work
<input type="checkbox"/>	Inflammation on the treated area:
<input type="checkbox"/>	Others:

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

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 test:				
	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		
Other possible contra-action:				

It is mandatory that the above tests should be done minimum 24hr prior to relate treatments request. Please note that any reaction on the above may restrict the treatment on you.

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/policies.html>

Our Terms and conditions: <http://www.basicsalon.com/termsandconditions.html>

Do you understand that as a workshop we do one to one upgrades; hence, there may be more than one of us attending to you at the same time?	Yes	No
Do you understand that at times you may be ask to fill out a rating sheet to assist us to improve our skills and for our recruitment purposes?	Yes	No
Do you accept our policy, terms and conditions?	Yes	No

Please sign:

Date:.....

Thank you for registering with basicsalon – hair & beauty workshop