**Charlie Jennings Beauty Therapy and Bridal Make Up**

**Consultation Card**

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Name:

Date of Birth:

Address:

Telephone:

Email:

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Please detail any allergies you have:

Please detail any medications you currently take:

Please detail any recent operations you have had within the last 12 months

Please provide details of your next of kin (only used in emergency situations)

Please confirm whether you have been clinically diagnosed with COVID 19?

Please list anything else that you wish to inform the beauty therapist.