

# Gernétic CONSULTATION



Gernétic has a holistic and very effective approach to beauty and wellbeing care.  
All treatments are individualised to meet your personal needs.

Thank you for answering this questionnaire.

## YOUR DETAILS

Date	<input type="text"/>	Therapist	<input type="text"/>		
First Name	<input type="text"/>	Surname	<input type="text"/>	Date of birth	<input type="text"/>
Phone/Mob	<input type="text"/>	Email	<input type="text"/>		
Address	<input type="text"/>				
Occupation	<input type="text"/>				
How did you hear about us?	<input type="text"/>				

CONFIDENTIAL

## YOUR SKIN CONCERNS

Is there any skin condition or any body imperfection that concern you at the moment (please tick):

### Face

- Fine and sensitive skin
- Dehydrated
- Redness, couperose
- Inflammation
- Eczema/psoriasis
- Rosacea
- Impaired acid mantle
- Oiliness
- Open pores/blackheads
- Pimples on forehead
- Pimples on jaw line
- Acne scars
- Pigmentation
- Vitiligo
- Premature ageing
- Wrinkles
- Loss of dermal elasticity
- Loss of muscle tone
- Excess keratinisation/Lifeless skin
- Scars
- Other concerns

### Bust

- My bust
- Is too small for my body
  - Is just right
  - Has lost its elasticity
  - Has scars
  - Has stretch marks
  - Other concerns

### Body

- I have
- Poor circulation
  - Cellulite
  - Heavy legs/fluid retention
  - Few kilos to loose
  - Distended tissues
  - Pregnancy stretch marks
  - Fine stretch marks
  - Scars
  - Eczema/psoriasis
  - Other concerns

### Hair

- I have
- Itchy scalp
  - Dandruff
  - Hair loss
  - Alopecia
  - Other concerns



## SKIN CARE HISTORY

Previous skin care used

Previous salon treatments

Yes No

Have you had any chemical peels, dermabrasion or other resurfacing treatments

Have you had any cosmetic surgery, botox injection or others

## YOUR HEALTH AND WELLBEING

### Lifestyle

Yes No

Do you suffer from skin allergies

Are you allergic to iodine/seaweed

Are you under medication

Do you take any vitamin or essential fatty acid supplements

Do you have a healthy diet

Do you eat a good amount of cold pressed oil with omega 3

Do you eat refined food like white bread, rice or pasta

Do you drink enough water, herbal tea or vegetable juice

On average, how many cups of coffee do you have daily

Do you experience craving for sweet or fatty food

Do you smoke

Do you have elimination (constipation) problems

### Women's Health

Yes No

Are you taking oral contraception

Are you under Hormone Replacement Therapy

Are your periods regular

Are your periods painful

Are you pregnant

Are you breast feeding

### General Health

Is there any health concern you would like to tell us?

Yes No

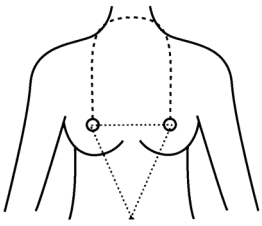
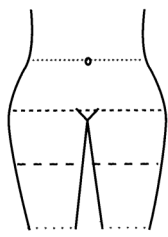
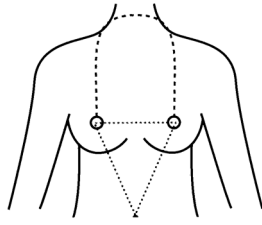
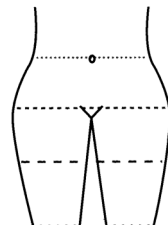
Do you suffer from any major illness

Have you had any major operations

Do you have any implants



## SALON TREATMENTS - BUST AND BODY

		#1	#2	#3	#4	#5	#6
	Date of treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Bust</b>	<b>Before</b>						
Seino Lotion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endo Special Plus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macro 2000		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Stries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synchro		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mineral Mask		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Body Shaping</b>							
Lympho		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veinulo Special Plus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasco/Artéra		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adipo/Gasta		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somito		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mineral Mask		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stretch Marks</b>	<b>After</b>						
Lympho		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mito Special Plus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Stries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synchro		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nucléa		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mineral Mask		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Spa</b>							
Salt Peeling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath Salt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Oil		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seaweed Body Wrap		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage Oil		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerthérapie		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital Transfer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PRESCRIBED PRODUCTS

Date

Recommended Products

Products sold

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