|  |  |  |
| --- | --- | --- |
| Name 1:  Date of Birth / / M/F  Relationship to Name 2: | Name 2:  Date of Birth / / M/F | |
| Address 1:  Email:  Phone:  Profession:  Stress levels Low Medium High  Details: | Address 2 (if different to 1):  Email:  Phone:  Profession:  Stress levels Low Medium High  Details: | |
| Medical History:  Pregnant Y/N No. of weeks:  Current Issues | Medical History:  Pregnant Y/N No. of weeks:  Current Issues | |
| Medication taken: | Medication taken: | |
| GP Address: | GP Address | |
| Skin type: | Skin Type: | |
| Allergies: | Allergies: | |
| Reason for attending this workshop | Reason for attending this workshop | |
| Any other information you think might be relevant: | | |
| Preferred medium: Plain foot wax (contains beeswax) Bringing my own balm/ cream Aromareflex foot wax Tick up to 3 Lavender Geranium Mandarin  Cedarwood | | |
| N.B.This workshop does not lead to qualification. All materials copyright Caroline Svitana | | |
| The information I have provided is true to the best of my knowledge.  Signed: Date:  I consent to receiving updates  I consent to photo’s being taken/used | | **The information I have provided is true to the best of my knowledge.**  **Signed: Date:**  I consent to receiving updates  I consent to photo’s being taken/used |