Entry #: 4 - Renae Pantelis **Status:** Submitted **Submitted:** 12/04/2024 5:12 PM

PERSONAL INFORMATION

Name

Renae Pantelis

Date of birth

12/09/1996

Occupation

Chiropractor

Phone

0400206666

Email

renaepantelis@gmail.com

Medical Pracitioner Details

Referred/recommended by OR how did you find us?

Instagram

EMERGENCY CONTACT DETAILS

Name

Emmanuel Photakis

Phone

+61 414 796 239

Relationship

Partner

The next few sections will allow your therapist to offer you the most comprehensive treatments to meet your specif needs & ensure you do not receive unsuitable treatments/products.

DIET, LIFESTYLE & GENERAL HEALTH

Are you currently:

None of these

If you are pregnant, do you suffer from morning sickness or have sensitivity to smell?

None of the above

Do you have any allergies?

No

Do you have any auto-immune conditions?

No

Are you currently under the care of a medical or natural health professional for any conditions or illnesses?

Yes

If YES, please specify:

Naturopath/Chiro/Acupuncture for neck pain/stress management/reproductive health

Are you currently taking any supplements or medications (ie. oral contraceptives, vitamins, etc)?

Yes

Please list any supplements or medications you are currently taking:

vit D, polybac 8 probiotics, NAC, adrenoplex, resist X

What is your current daily intake of the following:

Water	Tea	Coffee	Cordial / Soft Drink	Alcohol
2.5	2	1	nil	x 1 per week, sometimes none

Do you smoke?

No

Do you live with a smoker?

No

Do you eat a lot of sugary foods?

No

Do you suffer from bloating, constipation or digestive discomfort?

No

What type and how often do you exercise each week?

daily walking, x3 per week weight training

Do you have a regular sleep pattern / feel you get an adequate amount of sleep?

Yes

Average hours sleep per night:

8

Select your current level of stress

6

SUN EXPOSURE

When you go into the sun, do you (select one):

always burn, very rarely burn

Is SPF (sun protection) important to you?

No

Do you apply SPF daily?

No

SKIN HISTORY & ROUTINE

How do you feel about the overall quality of your skin?

7

Are you concerned about any of the following?

Pigmentation Blackheads

During the day, does your skin (select any that apply):

shine all over sometimes feels tight on cheeks

What skincare brand(s) / product line(s) are you currently using?

Botanicals by luxe moisturiser & exfoliant, go to oil cleanser, janesce facial oil, weleda skin food light, sativa hemp serum

Describe your current skincare routine and/or list the products you are using in the MORNING?

Wash face, facial oil & moisturiser before makeup

Describe your current skincare routine and/or list the products you are using in the EVENING?

Oil cleanser, facial oil & weleda thicker moisturiser. x3 per week apply sativa hemp serum and x1 exfoliant cleanser

Are you currently using or have you used any of the following in the past 12 months?

Antibiotics	Retin-A	Roaccutane	Hydroquinone
No	No	No	No

Hormone Replacement Therapy (Menopause Treatment)

No

Contaceptive Pill

No

Do you have a pacemaker?

No

Do you have any metal implants?

No

Do you have any specific treatment goals or other information you wish to share with the therapist?

FINAL STEPS

Do you give consent for your skin therapist to take photos to track your skin's progress throughout your skin journey

Yes

Are you happy for Bump & Beyond Beauty to use your treatment results for advertising (ie. social media)? We will alv do our best to ensure your identity is hidden and allow you to preview the images before sharing.

Yes

Would you like to hear about any other treatments / services offered by Bump & Beyond Beauty?

Massage

Thankyou for completing this Skin Consulation Form.

The information provided will allow your therapist to provide the most suitable products/treatments for optimun results.

Please acknowledge and agree the following by responding YES

The information I have provided regarding my current and prevous medical history is accurate to the best of my knowledge and I affirm that I do not have any ailments or conditions that would make this treatment incompatible w my health and wellbeing.

Yes

I understand that this form and it's data are completely confidential

Yes

By selecting YES, I certify that I have been given the opportunity to ask any questions I may have and those questions have been answered. I acknowledge the information given to me pertaining to the requested treatment and I have be sufficiently informed of the benefits and risks involved (if applicable); that I am at least 18 years of age and fully competent to give my consent or have been given consent by parent or guardian.

Yes

I agree to inform my therapist if I experience any pain, discomfort or sensitivities during treatment, allowing them to make the appropriate adjustments.

Yes

Please type your full name as signature

Renae Pantelis


BUMP & BEYOND BEAUTY