

# Information/Allergy Notification Form

This form should be completed by the client/clients of Xai Xai's Herbals

First Name

Last Name

Phone Number (Optional)

Address

Street Address

Street Address Line 2

Town/city

County

Postcode

Email Address

Please confirm email.

## Allergies

Information

---

Do you have any food allergies or intolerances?

Please state yes or no.

If you ticked any of the above boxes please provide further details of the nature of the allergy/intolerance:

Type here...

Does you carry an EpiPen or autoinjector?

Please state yes or no.

## Medical history

Medication, health & illnesses

---

Are currently taking

Yes

Are you taking blood Thinners?

- Yes
- No

Please state?

Do you have any medical problems?

What medications are you taking? please list

Have you been taking medication in the past 6 months?

- Yes
- No

**Mental health history**

---

Are you currently experiencing mental health difficulties?

- Yes  
 No

Have you previously experienced mental health difficulties? In the past 6 months.

- Yes  
 No

Is there family history of any Mental Health?

- Yes  
 No

## Cosmetic

---

Have you had any medical or cosmetic procedures?

- Yes  
 No

When did you have procedure?

Weeks, months, date, year.

What was the cosmetic procedure?

Chemical peel, operation, dermal etc...

Where was the cosmetic procedure done on the body?

Face, stomach etc...

Do you have another cosmetic procedure scheduled? & when?

Date

## Health conditions

---

Do you have liver conditions?  Yes  
 No

Please state.

Do you have any gastric conditions?

- Diarrhea
- IBS irritable Bowel Syndrome
- Gas
- Bloating
- Constipation
- GERD & diarrhea
- Gastritis
- Gastroenteritis
- Gastroparesis
- Peptic Ulcers
- Acid Reflux
- Yes
- No

Do you have any cardiovascular conditions?

- Angina
- Heart attack (Previously or at risk)
- Heart Failure
- Arrhythmia
- Inherited Heart Conditions
- Heart Valve Disease
- Congenital Heart Conditions
- Yes
- No

State condition if not listed.

Short description.

Do you have any cholesterol conditions?

- Yes
- No
- High cholesterol
- Low cholesterol

Are you taking medication for your cholesterol?

Please state YES or No and medication being taken.

Are you pregnant or Breastfeeding?

- Yes
- No
- Breastfeeding
- Both

Do you have cancer? Or ever had cancer?

Please state what chemo you are currently being treated with. Alongside where the cancer is located in the body.

Are you having any operations in the next 3-6 months?

- Yes
- No

Have you had any operation  
In the past 3 - 6 months?

Yes

No

Please state rough time frame  
of previous or current  
operations that you have had.

Are you diabetic?

Yes

No

What type of diabetes?

Do you take Insulin?

Yes

No

Food controlled

## Skin type & conditions

---



Type a question

- Rosacea
- Dermatitis
- Psoriasis
- Ezcema
- Dry
- Oily
- Blemishes
- Uneven Skin Tone
- Aging Skin
- Sensitive Skin
- Corse Skin

What product do you normally use? Please list.

What skin problem are you currently experiencing?


Any changes in your allergy/intolerance status will immediately be highlighted to Xai Xai's Herbals representative.

I confirm that the information supplied within this document is correct.

Date

Signature

Sign Here 



Powered by **Jotform Sign** [Clear](#)

Submit