

# Client Record

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

| Date of service<br>(dd/mm/yyyy) | Client Name:<br>(First/Last) | Client contact information:<br>Email, phone # or address | Details of the procedure:<br>Type of service and area of the body | Did service provider explain the service and any risk?      | Prepackaged sterile equipment used  | Service provider name<br>(employee) |
|---------------------------------|------------------------------|--|---|---|-------------------------------------|-------------------------------------|
|                                 |                              |  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Lot#: _____<br>Expiry: (dd/mm/yyyy) |                                     |
|                                 |                              |  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Lot#: _____<br>Expiry: (dd/mm/yyyy) |                                     |
|                                 |                              |  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Lot#: _____<br>Expiry: (dd/mm/yyyy) |                                     |
|                                 |                              |  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Lot#: _____<br>Expiry: (dd/mm/yyyy) |                                     |
|                                 |                              |  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Lot#: _____<br>Expiry: (dd/mm/yyyy) |                                     |
|                                 |                              |  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Lot#: _____<br>Expiry: (dd/mm/yyyy) |                                     |

**Records must be:**

- Available to Public Health upon request
- Maintained on site in a secure location even during a temporary event
- Kept for three years in a secure location even after a temporary event

**For any questions, please contact Region of Peel Public Health at [905-799-7700](tel:905-799-7700) or by email [peelhealth@peelregion.ca](mailto:peelhealth@peelregion.ca)**