

# Spa Consultation Form

Name \_\_\_\_\_

Lodge number \_\_\_\_\_

Do you have any medical conditions? Yes  No

Are you currently taking any medication? Yes  No

Do you have any allergies? If yes, please detail: \_\_\_\_\_

Are you or could you be pregnant? Yes  No

Are you currently breastfeeding? Yes  No

Have you had any surgery within the last 6 months? Yes  No

Have you had any recent cosmetic procedures? Yes  No

Do you suffer with any heart or circulatory conditions, high or low blood pressure? Yes  No

Have you had Deep vein thrombosis, if so when? \_\_\_\_\_

Do you suffer from diabetes? Yes  No

Have you had cancer, radiotherapy or chemotherapy within the last 2 years or are you currently undergoing treatment? Yes  No

Do you have epilepsy? Is this controlled? \_\_\_\_\_

Do you suffer from any skin conditions, open sores or wounds? Yes  No

Do you have any metal pins, plates or recent fractures? Yes  No

Do you have any fungal infections? Yes  No

Do you have any other medical conditions not mentioned above that would prevent you from having this treatment? If yes, please detail: \_\_\_\_\_

***We hold the right to cancel the treatment at our discretion. I have read and filled in this consultation form to the best of my knowledge and have not withheld any information that may be relevant to my treatment. I understand that where treatment is provided to an under 18 that the parent/responsible person shall be present through the duration of the treatment and provide written consent. Parent/responsible person must sign on behalf of under 18.***

Print name		Signature		Date	
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Therapists name		Signature		Date	
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I am signing on behalf of a child under the age of 18

Print child's name	
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Print parent/responsible persons name	
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Signature		Date	
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