

Spa Consultation & Patch Test

Springs Version 1.0 July 2021.

Patch Test Information

Client Name	Date of Test	Treatment Booked
-------------	--------------	------------------

Pre-Patch Test

I consent to a patch test 24 hours prior to my treatment

Products used for pre-patch test:

Client Signature	Therapist Signature
------------------	---------------------

Post-Patch Test

I am happy to continue with the treatment after discussing the result of the patch test with the therapist

Client Signature	Therapist Signature
------------------	---------------------

Spa Consultation Form

Name:

Accommodation No:

Emergency Contact No:

Do you have any medical conditions?

Are you currently taking any medications?

Do you suffer from any allergies/skin conditions? If so, please detail

Are you under the influence of recreational drugs or alcohol?

Are you or could you be pregnant?

Are you currently breast feeding?

Have you had any recent cosmetic procedures?

Are there any other medical conditions, not mentioned above, that would prevent you from having this treatment? If so, 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
Therapists name	Signature	Date

I am signing on behalf of a child under the age of 18

Print child's name

Print parent/responsible person name

Signature	Date
-----------	------

1893 SPA