



GUEST NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

TREATMENT \_\_\_\_\_ DATE OF TREATMENT \_\_\_\_\_

THERAPIST \_\_\_\_\_ TREATMENT TIME \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS AND IF SO, DO YOU HAVE YOUR DOCTOR'S APPROVAL TO HAVE TREATMENT?

YES  NO  IF YES PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU HAD ANY SURGERY OR INJURIES IN THE LAST 6 MONTHS?

YES  NO  IF YES PLEASE EXPLAIN \_\_\_\_\_

ARE YOU TAKING ANY REGULATING MEDICATION?

YES  NO  IF YES PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE A NUT ALLERGY OR ANY OTHER ALLERGIES?

YES  NO  IF YES PLEASE EXPLAIN \_\_\_\_\_

ARE YOU PREGNANT OR BREASTFEEDING, IF SO, DO YOU HAVE YOUR DOCTOR'S APPROVAL TO HAVE A REQUIRED TREATMENT?

YES  NO  IF PREGNANT, HOW MANY WEEKS? \_\_\_\_\_

DO YOU HAVE ANY PARTICULAR CONCERNS PERTAINING YOUR FACE OR BODY, SUCH AS?

DRYNESS  IRRITATION  REDNESS  OTHER  IF OTHER PLEASE SPECIFY \_\_\_\_\_

PLEASE INDICATE TO US WHICH SKINCARE AND BODY PRODUCTS YOUR ARE CURRENTLY USING

FACE: CLEANSER  TONER  EXFOLIATOR  MASK  MOISTURISER  FACE OIL  FACE SERUM

BODY: EXFOLIATOR  BODY MOISTURISER  BODY OILS  SELF TAN  SOAP

WHAT PRESSURE WOULD YOU PREFER THROUGHOUT YOUR MASSAGE TREATMENT TODAY? LIGHT  MEDIUM  FIRM

HOW WOULD YOU LIKE TO FEEL AFTER YOUR TREATMENT? RELAXED  ENERGISED  BALANCED

PLEASE SPECIFY FOCUS AREAS FOR MASSAGE TREATMENTS \_\_\_\_\_

**I DECLARE THAT I AM PHYSICALLY CAPABLE OF HAVING TREATMENT REQUESTED AND I AM NOT AWARE OF ANY MEDICAL CONDITION THAT MAY CAUSE ME TO HAVE AN ADVERSE REACTION TO THE TREATMENTS I RECEIVE. I HAVE USED THE SERVICES AT MY OWN RISK. CHILDREN UNDER THE AGE OF 16 WILL NEED PARENTAL CONSENT BEFORE UTILISING THE SERVICES AND FACILITIES AT SPACATION 2020.**

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENTAL SIGNATURE \_\_\_\_\_ FULL NAME \_\_\_\_\_