

Spa Consultation Form

Name: _____ Date of birth: _____

Address: _____

Contact Number: _____

Doctors Contact Number: _____

Doctors Address: _____

Is this your first visit to CASALEA? Yes No

Do you suffer from any of the following medical conditions?

- | | | | |
|------------------------------------|---------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Nerve Damage |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Loss of sensation | <input type="checkbox"/> Low/High BP |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other | | |

If yes, please give details: _____

Are you going through any of the following?

- | | | | |
|------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Breast Feeding | <input type="checkbox"/> Pain in any area | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Other | | |

If yes, please give details: _____

Medical History (if yes, please provide details)

Are you on any medication? Yes No

Details: _____

Is there history of family illness? Yes No

Details: _____

Have you had any recent surgery, accidents or injuries? Yes No

Details: _____

Skin Type and Concerns:

- | | | | |
|---|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Dry | <input type="checkbox"/> Combination | <input type="checkbox"/> Oily |
| <input type="checkbox"/> High Colour | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Sun Damage | <input type="checkbox"/> Lines/Wrinkles |
| <input type="checkbox"/> Dark Circles/Puffiness | | | |

Other: _____



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Body Concerns:

Dry Skin

Cellulite

Poor Circulation

Aches / Pains

Other: _____

Massage Pressure:

Light

Medium

Firm

Deep

What is your objective/focus after the treatment: _____

CONSENT AND AGREEMENT

I certify that the above statements are true and correct therefore I give my consent and authorization for the treatment to be carried out.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

INDEMNITY

I understand that spa treatments by nature require close physical contact and that spa treatments are regarded as high risk to spread infections should any client or visitor be ill during their visit to the spa. I therefore confirm that I am not suffering from any flu-like symptoms, fever, dry cough, headaches, sore throat, and shortness of breath or loss of taste. Based on the above information, I hereby give consent to having the treatments that I have requested at the spa and I agree that I will have a therapist perform the treatments on me.

I understand that the treatments received are no substitute for medical care and that any information provided by the aesthetician is for educational purposes only. All information received by the client on this chart is completely private and confidential. There may be risk involved in making use of our services and/or facilities. Casalea Spa, their directors, officers, employees, representatives and agents are not liable for any death, harm or injury whatsoever to any person or any loss, destruction or damage whatsoever to any person's property or possessions, unless such death, harm, injury, loss, destruction or damages were directly or indirectly attributable to the gross negligence of Casalea Spa, their directors, employees, representatives or agents. I agree that the information herein is correct and true to the best of my knowledge. If treatments are not cancelled 4hrs prior to the treatment a cancellation fee of up to 50% may be charged.

Refund Policy: Products purchased at Casalea Spa are non-refundable, due to public health reasons. Defective products may be returned and will only be refunded / replaced if the products are indeed defective and the correct storage/usage instructions were followed. Please retain your receipts as proof of purchase.

Please tick if you do not want us to contact you with regards to Spa news or promotions.

Client Signature: _____ Date: _____

The personal information hereby provided by the client will be used and processed as is necessary to carry out actions and functions for the conclusion or performance of the agreement entered into between the parties. The confines of the agreement will not be overstepped and the documentation collected and/or personal information given will not be used for any other purpose other than that of the performance of the agreement unless otherwise required by Law or prior authorisation is obtained.



CASALEA
LUXURY SPA & SUITES