

# The Spa consultation form

IRENE  
FORTE  
NATURA E SCIENZA

## Your details

	Mr	Mrs	Miss	Ms	Other
Full name				Mobile	
Address				Home phone	
				Email	
				Date of birth	
Postcode				Emergency contact	
Occupation				Emergency contact number	

Anything you think we should know about?

<input type="checkbox"/> Piercings	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thrombosis/DVT	<input type="checkbox"/> High/low blood pressure
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sensitive skin	<input type="checkbox"/> Skin infections	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Surgery in the last 6 months
<input type="checkbox"/> Prosthetics	<input type="checkbox"/> HIV	<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Heart conditions	<input type="checkbox"/> Eczema/Psoriasis
<input type="checkbox"/> Allergies	<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Fungal infections/Athlete's foot

If you have ticked any of the above, please give us a little more detail:

## Lifestyle

Y      N

Are you taking any medication?

Are you breastfeeding?

Do you exercise regularly?

Is there a history of family illness?

Do you smoke?

Is your sleep disturbed?

## Medication

Please provide details

Please provide details of any other health issues that you feel are relevant:

## Skin Story

Skin type

Normal

Combination normal to oily

Oily

Combination normal to dry

Dry

Skin concerns/ conditions

Sensitive skin

Dry/ dehydrated skin

Mature skin/ lines/ wrinkles

Sun damaged skin/ pigmentation

Dark circles/ puffiness

## Skincare routine

What skincare brand(s) do you currently use?

Which of the following skincare products do you regularly use?

Cleanser

Toner

Serum

Eye cream

Day cream

Night cream

Face oil

Exfoliant

Face mask

Do you regularly use any other product(s)? No Yes (if yes, please specify)

Have you recently undergone any intensive facial treatments (such as dermabrasion, laser, a chemical peel or any other)?

No Yes (if yes, please specify)

Have you ever used Roaccutane, Accutane or Retinin A? No Yes (if yes, please specify)

Have you recently had any cosmetic enhancements, such as botox, fillers or any other? No Yes (if yes, please specify)

## Massage/ body treatments

Are there any particular areas that you would like to concentrate on or avoid during your treatment?

## Your permission

I confirm and agree that any treatment(s) undertaken at The Spa at The Harper are at my own risk, other than in relation to any physical or mental harm I suffer due to negligence. I acknowledge and agree to the collection, use and disclosure of my personal data and health information. I hereby confirm that the information provided herein is accurate and complete.

Guest signature

Date

If you are a child aged 16 or 17, you will need parental consent. Please ask your parent to check and sign this form, below

Full name

Relationship to the person named above

Full terms and conditions can be found on our [website](#).

I can confirm that I have read and understood the terms and conditions