

This is an important part of the process and should not be taken lightly. I hope this professionalism you can appreciate, so please take a couple of minutes to correctly fill in the information asked



Forename: _____

Surname: _____

Phone: _____

Email: _____

Address: _____

Please tick if you have or suffer from any of the following:

Allergies

Asthma

Diabetes

Pregnancy or trying to get pregnant

Skin Disorders

Cold Sore / Verruca's

Eczema / Psoriasis

Thrombosis or Embolism

Severe Varicose Veins

Nervous system disorder

Recent dental surgery

Metal Pins or plates

Arthritis

Cancer

Epilepsy

High or low blood pressure

Hypertension

Headaches or migraines

Infections or irritations

Recent operations

Prescription medicines

Pacemaker

Is there any other illness that your therapist should know about?

I DECLARE THAT ALL THE INFORMATION I HAVE GIVEN IS CORRECT.

DISCLAIMER: I HAVE BEEN INFORMED ABOUT THE TREATMENT CONTRA-INDICATIONS RISK AND I AM WILLING TO PROCEED WITH THE TREATMENT AT MY OWN RISK.

SIGNED: _____ **DATE:** _____

London and Surrey

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