Dalhousie Castle

HOTEL AND AQUEOUS SPA

Contact Details

Date: ....

Title: ....

Surname: ....

First Name: ....

Date of Birth: DD/MM/YY ....

Address: ....

....

....

....

Postcode: ....

Telephone Number

Day: ....

Evening: ....

Mobile: ....

E-Mail: ....

☐ By ticking this box, you agree to Dalhousie Castle Hotel and Aqueous Spa's Privacy Statement which can be found on our website.

The following information is required to ensure that we can provide you with the best and most appropriate treatment as well as for your safety and well-being. Some of the treatments we provide may be contra-indicated by certain medical conditions and therefore may require a doctor's letter of referral. Please fill this form in to the best of your knowledge and kindly remind us of any subsequent changes to your health and well-being.

Medical History

To enable our therapist to carry out an efficient, safe and effective treatment please read and answer the following questions as appropriate. All information given is strictly confidential, if you have answered yes in any of the boxes, please give full details below.

Do you suffer from any of the following?

Allergies/ Intolerance	YES ☐	NO ☐
Diabetes	YES ☐	NO ☐
Thrombosis	YES ☐	NO ☐
High/Low blood pressure	YES ☐	NO ☐
Asthma	YES ☐	NO ☐
Iodine (seaweed) allergy	YES ☐	NO ☐
Hepatitis A or B	YES ☐	NO ☐
Kidney conditions	YES ☐	NO ☐
Epilepsy	YES ☐	NO ☐
Heart disease	YES ☐	NO ☐
Pacemaker	YES ☐	NO ☐
Cold Sores	YES ☐	NO ☐
Thyroid	YES ☐	NO ☐
Digestive problems	YES ☐	NO ☐
Cancer - In the last 5 years	YES ☐	NO ☐
Circulatory conditions	YES ☐	NO ☐

Please give details if applicable:

Are you pregnant or planning a pregnancy?	YES ☐	NO ☐
Are you breastfeeding?	YES ☐	NO ☐
Have you experienced any gynaecological problems?	YES ☐	NO ☐
Are you on HRT or any other hormones?	YES ☐	NO ☐
Are you on any medication or under medical supervision?	YES ☐	NO ☐
Have you had any major operations/accidents or illnesses in the last 5 years?	YES ☐	NO ☐
Have you ever used Roaccutane or Retin A?	YES ☐	NO ☐
Do you have any metal pins or plates in your body?	YES ☐	NO ☐
Do you have any muscular or skeletal problems?	YES ☐	NO ☐
Have you suffered from any sports injuries?	YES ☐	NO ☐
Have you had recent cosmetic surgery?	YES ☐	NO ☐
Have you had any cosmetic enhancement procedures? (Botox, Restaulin, Collagen, Dermabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)?	YES ☐	NO ☐
Have you been prescribed any medication by your Doctor?	YES ☐	NO ☐

If you have answered YES to any of the above please provide further details:

Client Declaration

I hereby declare that the information provided on this form is correct and I undertake to inform you of any changes to my medical status. If I have answered yes to any of the questions relating to my health, I have been informed of the risks from the identified indications and the therapist's decision to go ahead with the treatment is final. I understand what I have been told and want to go ahead with the treatment. I understand that Dalhousie Castle Hotel and Aqueous Spa does not accept any liability.

Signed Client: ....

Name: .... Date: ....

Therapist Declaration

I have referred to the treatment contra-indications provided in my training, product house supplier and Spa Beauty Treatment risk assessment and have given advice according to this.

Signed Therapist: ....

Name: ....

Date: ....