

Date:	Contact Details			
Surname:	Date:	A	Address: Telephone Number	r
Evening:	Title:		Day:	
By ticking this box, you agree to Dalhousie Castle Hotel and Aqueous Spa's Privacy Statement which can be found on our websit 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 Are you pregnant or planning a pregnancy? YES NO Are you or NRTO any other hormones? YES NO Are you on any medication or under medical supervision? YES NO Are you on any medication or under medical supervision? YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Do you have any muscular or skeletal problems? YES NO Do you have any muscular or skeletal problems? YES NO Have you had any material problems? YES NO Do you have any muscular or skeletal problems? YES NO Have you had any material problems? YES NO Have you had recent cosmetic enhancement procedures? YES NO Have you had recent cosmetic enhancement procedures? YES NO Have you had recent c				
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Do you suffer from any of the following? Allergies/ Intolerance YES NO Are you pregnant or planning a pregnancy? YES NO Are you breastfeeding? YES NO Are you on HAT or any other hormones? YES NO Are you on HAT 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 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 Have you suffered from any sports injuries? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Have you been prescribed any medication by your Doctor? YES NO Yeu have answered YES to any of the above please provide further details	Medical History	/		
Allergies/ Intolerance YES NO Are you pregnant or planning a pregnancy? YES NO Diabetes YES NO Are you breastfeeding? YES NO Are you breastfeeding? YES NO Are you experienced any gynaecological problems? YES NO Are you on HRT or any other hormones? 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 YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or 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 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 any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Chemical peel, Liposuction etc within the last 4 weeks)? 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				
Are you breastfeeding? Are you breastfeeding? Are you breastfeeding? Are you syperienced any gynaecological problems? YES NO Have you experienced any gynaecological problems? YES NO Are you on HRT or any other hormones? Are you on HRT or any other hormones? Are you on HRT or any other hormones? Are you on any medication or under medical supervision? YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or 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 had any my sports injuries? YES NO Have you had any cosmetic surgery? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? 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	Do you suffer from any of th	ne following?		
Have you experienced any gynaecological problems? YES NO Are you on HRT or any other hormones? YES NO Are you on HRT or any other hormones? YES NO Are you on any medication or under medical supervision? YES NO Are you on any medication or under medical supervision? YES NO Are you on any medication or under medical supervision? YES NO Are you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Do you have any metal pins or plates in your body? 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? YES NO Digestive problems YES NO Have you had any cosmetic enhancement procedures? YES NO Chemical peel, Liposuction etc within the last 4 weeks)? 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	Allergies/ Intolerance	-	Are you pregnant or planning a pregnancy?	
Are you on HRT or any other hormones? Are you on HRT or any other hormones? Are you on HRT or any other hormones? Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? Are you had any major operations/accidents or 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 have any muscular or skeletal problems? YES NO Have you had any cosmetic surgery? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had ensured en Retin A? YES NO Have you had any major operations/accidents or yets NO Have you had any major operations/accidents or yets NO Have you had any major operations/accidents or yets NO Have you had any major operations/accidents or yets NO Have you had any major operations/accidents or yets NO Have you had any major operations/accidents or yets NO Have you had any major operations/accidents or yets NO Have you had any major operations/accidents or yets NO Have you had envering name had yets NO Have you had enver				
Asthma YES NO Are you on any medication or under medical supervision? Are you on any medication or under medical supervision? YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Have you had any concurrence in the last 5 years? Have you have any metal pins or plates in your body? YES NO Do you have any muscular or skeletal problems? YES NO Have you had any cosmetic surgery? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you been premabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? 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				
Have you had any major operations/accidents or YES NO Have you had any major operations/accidents or YES NO Hepatitis A or B 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? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? 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				
Hepatitis A or B YES NO Illnesses in the last 5 years? Kidney conditions 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 Do you have any muscular or skeletal problems? YES NO Do you have any muscular or skeletal problems? 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? YES NO Do you have any muscular or skeletal problems? YES NO Have you had recent cosmetic surgery? YES NO Do you have any muscular or skeletal problems? YES NO Have you had recent cosmetic surgery? YES NO Do you have any muscular or skeletal problems? YES NO Have you had recent cosmetic surgery? YES NO Do you have any muscular or skeletal problems? YES NO Have you had any cosmetic enhancement procedures? YES NO (Botox, Restaulin, Collagen, Dermabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? 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		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 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? YES NO Digestive problems YES NO Gloson, Restaulin, Collagen, Dermabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? 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	odine (seaweed) allergy	YES NO	Have you had any major operations/accidents or	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 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? YES NO Digestive problems YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you been premabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? 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	Hepatitis A or B	YES NO	illnesses in the last 5 years?	
Heart disease 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 recent cosmetic surgery? YES NO Have you had recent cosmetic surgery? YES NO Have you had any cosmetic enhancement procedures? YES NO Gestive problems YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had recent cosmetic surgery? YES NO Have you had recent cosmetic enhancement procedures? YES NO Have you had recent cosmetic surgery? YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had recent cosmetic surgery?	Kidney conditions	YES NO	Have you ever used Roaccutane or Retin A?	YES NO
Pacemaker 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? YES NO Gestive problems YES NO Gestive problems YES NO Cancer - In the last 5 years YES NO Have you been prescribed any medication by your Doctor? YES NO Delease give details if applicable:	Epilepsy	YES NO	Do you have any metal pins or plates in your body?	YES NO
Cold Sores YES NO Have you had recent cosmetic surgery? YES NO Have you had any cosmetic enhancement procedures? YES NO Gestive problems YES NO Gestive problems YES NO Have you had any cosmetic enhancement procedures? YES NO Gestive problems YES NO Have you had any cosmetic enhancement procedures? YES NO Gestive problems YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had any cosmetic enhancement procedures? YES NO Gestive problems YES NO Have you had any cosmetic enhancement procedures? YES NO Have you had recent cosmetic surgery?	Heart disease	YES NO	Do you have any muscular or skeletal problems?	YES NO
Thyroid YES NO Have you had any cosmetic enhancement procedures? YES NO Clancer - In the last 5 years YES NO Clancer - In the last 5 years YES NO Clauser onditions YES NO Clease give details if applicable: Have you had any cosmetic enhancement procedures? YES NO Clauser, Collagen, Dermabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? Have you had any cosmetic enhancement procedures? YES NO Clauser, Collagen, Dermabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? Have you had any cosmetic enhancement procedures? YES NO Clauser, Collagen, Dermabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? Have you had any cosmetic enhancement procedures? YES NO Clauser, Collagen, Dermabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? 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	Pacemaker	YES NO	Have you suffered from any sports injuries?	YES NO
Digestive problems YES NO Cancer - In the last 5 years YES NO Circulatory conditions Please give details if applicable: (Botox, Restaulin, Collagen, Dermabrasion, AHA or Chemical peel, Liposuction etc within the last 4 weeks)? 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	Cold Sores	YES NO	Have you had recent cosmetic surgery?	YES NO
Cancer - In the last 5 years 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	Γhyroid	YES NO	Have you had any cosmetic enhancement procedures?	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 placed by the above please provide further details.	Digestive problems	YES NO	(Botox, Restaulin, Collagen, Dermabrasion, AHA or	
If you have answered YES to any of the above please provide further details please give details if applicable:	Cancer - In the last 5 years	YES NO		VEC I NO
Please give details if applicable:	Circulatory conditions	YES NO		_
	Please give details if applical	ble:	il you have answered YES to any of the above please provid	e further details
Olivet Designation				
Plant Barbartlan				
	Client Declaration		Therapist Declaration	

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:

provided in my training, product house supplier and Spa Beauty Treatment risk assessment and have given advice according to this.

Signed	Therapist:	
Name:		