

Treatment Consultation Form

GUEST DETAILS			
Mr/Mrs/Ms/Miss/Dr Full N	Name:		
Address:			
Postcode:		Date of Birth:	
Email:			
Telephone No:		Occupation:	
Where did you hear about us?_			
This information will help you	ur therapist customise your treatme	ent, and will be kept strictly confidential.	
1. How are you feeling right no	ow? Please rate your level of stress	from 1 – 5	
Relaxed 1 2 3	4 5 Stressed		
2. What would you like to achi	ieve from your Dartmouth Spa Expe	erience?	
Relaxation ☐ Energ	gising Relieve Tens	sion □ Ease Aches & Pains □	
3. Which treatment pressure do	o you prefer?		
Light ☐ Medi	ium 🗆 Firm 🗆		
4. Are there any particular area	as you would like your therapist to c	concentrate on or avoid?	
5. MEDICAL INFORMATION	ON		
Please write down any medica	l condition, allergies, Pregnancy, in	juries, or any other information you deem relevant below:	
6. FACIAL TREATMENTS			
What are your 3 main concerns	s with your skin? Please tick		
Ageing □ Dryness	S □ Oily □	Lack of Radiance □	
Sensitivity Dark Ci	rcle Open pores	Acne □	
7. Which Products do you use	in your current home care regime?		
Cleanser □ Toner □	Exfoliator Facial Mask	☐ Serum ☐ Moisturiser ☐ Sun Screen ☐	
use of these Spa facilities. I ac any responsibility from the Ho any treatment or facility associ	eccept full liability for my decision totel, The Dartmouth Spa or their emiated with The Dartmouth Spa. Sentrally by The Dartmouth Spa and	the account of my medical history. I have been advised of safety precautions and generate enter the Spa and participate in the spa Services and facilities and will not claim of apployees should I experience any adverse reaction, loss or damage to myself or my produced processed in accordance with our data privacy policy, is subject to confidentiality and processed in accordance with our data privacy policy, is subject to confidentiality and processed in accordance with our data privacy policy.	or demand for roperty due to
I do hope you enjoy your time member of the Spa team.	with us The Dartmouth Spa. Should	d you have any questions or requests during your time with us please do not hesitate	to ask a

 \square Please tick this box if you do not wish to receive any future marketing promotions from us.