Spa Guest Health Profile

Kempinski
The Spa

Personal information

Date:

First name	Family name
Room no	Departure date
Mobile no	Email

Professional confidentiality is observed by Kempinski The Spa.

General questions

Have you had any of the following conditions?

1. Have you any re-occurring medical conditions, or relevant information we should be aware of?
☐ No ☐ Yes _____

2. Do you have skin conditions, allergies (eczema, rashes, psoriasis) or reaction to products?
☐ No ☐ Yes _____

3. Are you pregnant?
☐ No ☐ Yes _____

4. Have you had a recent illness, surgery or injury in the last 6 months?
☐ No ☐ Yes _____

5. High or low blood pressure?
☐ No ☐ Yes _____

6. Heart disease or chest pains?
☐ No ☐ Yes _____

7. Diabetes (if yes, we ensure easy access to fruit & juice)?
☐ No ☐ Yes _____

8. Arthritis or joint problems?
☐ No ☐ Yes _____

I am aware that all activities and actions within the spa and fitness facilities, treatments, and programmes are undertaken entirely at my own responsibility & risk. I absolutely and irrevocably release Kempinski The Spa, employees and representatives from any claim, legal or otherwise, from accidents, injuries or outcomes, that may occur as a result of my participation and action in any of the above. I affirm that I have stated all my known medical conditions and answered all questions honestly.

Signature	Date (day-month-year)

1. Have you taken a spa treatment before (if yes, what kind of treatment)?

☐ No ☐ Yes _____

2. Would you like something similar or something different?

3. How would you like to feel after your treatment?

☐ Revived/Energized ☐ De-Stress ☐ Balanced ☐ Purify & Detox

☐ Relaxed ☐ Soothe Tired Aching Muscles ☐ Anti-aging

☐ Other (please specify) _____

4. How do you like massage pressure?

☐ Firm/Deep ☐ Medium ☐ Light/Soft

5. Are there any areas to concentrate on or avoid?

6. Skin type:

☐ Sensitive ☐ Oily/Acne ☐ Dry & Dehydrated ☐ Combination

7. Do you wear contact lenses?

☐ No ☐ Yes

Date	Therapist	Treatment received
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