



# WELCOME TO INSIDE SPA



## client consultation form

Inside Spa, Pendle Wavelengths, Leeds Road, Nelson BB9 9TD  
T: 01282 661735 [www.insidespa.co.uk](http://www.insidespa.co.uk)

customer reference (office use only): .....

### Personal Details

Surname: ..... Mobile: .....

First name: ..... D.O.B: .....

House Name/No.: ..... Gender: Male  Female

Postcode: ..... Home Tel: .....

Email: .....

Tick here if you do NOT want to hear from us regarding offers and promotions

### Medical Information

Are you currently under medical care? .....

Have you undergone surgery in the last 6 months? .....

Are you pregnant?  Are you breast-feeding?

Pendle Leisure Trust is registered with the Information Commissioner & complies with the Data Protection Act 1998, Reg no PZ5841488. The information provided will be held on our database & will be used by Pendle Leisure Trust ONLY.



**Do you suffer from any of the following? (please tick)**

Seafood/Shellfish Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Claustrophobia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arthritis/Rheumatism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High/Low Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kidney Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eczema/Psoriasis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Varicose Veins	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thyroid Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Circularity Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contagious Infections/Diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Have you ever had DVT (Deep Vein Thrombosis) or similar circulation problems?**

**Are you currently taking any medication (including Homeopathic remedies)?**

**Do you smoke?** Yes  No  If yes, how many per day? .....

**Do you exercise?** Never  Occasionally  Regularly

**How did you hear about us?** .....

**Pendle Leisure Trust Ltd - Equalities / Diversity Monitoring**

Pendle Leisure Ltd is committed to providing equality of opportunity for all. To deliver a fair service we need to know who our customers are and any of the answers you give will help us to provide a better service and eliminate discrimination of any kind.

**Disability**

Under the Equality Act 2010, disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities. This includes anybody with progressive illnesses such as cancer (even if you have fully recovered).

**Do you consider yourself to have a disability?** Yes  No

**If yes, please give brief details of your disability:** .....

**Disclaimer:**

I agree that if there are any changes to my medical history I will inform a member of the Inside Spa staff on every visit to the Spa. I will take full responsibility if anything happens and I have not informed staff beforehand. Pendle Leisure Trust reserves the right to refuse admission to any persons undergoing specific medical treatments that will hinder their recovery by going into the Spa or having treatments.

**Client Signature:** .....

**Date:** .....

