



# WELCOME TO INSIDE SPA



## client consultation form



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

### Personal Details

Surname:	.....	Mobile:	.....
First name:	.....	D.O.B:	.....
House Name/No.:	.....	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postcode:	.....	Home Tel:	.....
Email:	.....		

Tick here if you **WANT** to hear from us regarding offers and promotions ☐

Pendle Leisure Trust is registered with the Information Commissioner and complies with the GDPR (May 2018) Regulations, Reg No: PZ5841488. The information provided will be held on our database & will be used by Pendle Leisure Trust ONLY.





Medical Information

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

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

Are you pregnant? ☐ Are you breast-feeding? ☐

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?

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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: .....

