

one · spa

Personal Consultation Form

Welcome to One Spa. This information will be used to enhance the quality of your experience and assist us in ensuring we provide the best possible treatment to meet your needs. The below information will be kept confidential and not shared with any other party.

About You

Title:..... Name:

Member number:

Address:

Phone:

Email:.....

DOB: Occupation:

Emergency contact name:

Emergency contact phone:

General Health

Please tick if any of the following currently applies to you.

- Thyroid High/Low blood pressure Diabetes Epilepsy
- Heart condition Liver condition/Kidney condition Claustrophobia
- Haemophilia Digestive constipation Varicose veins
- Arthritis Sinus/Hay fever Asthma Eczema/Psoriasis
- Oedema/Swelling Poor circulation Cellulite Allergies
- Open sores Ingrown hairs Pins/Implants Menopausal
- Pregnancy Breast Feeding Hormonal imbalance Cancer
- Head aches/migraines Vision problems Infectious disease

Other:

If pregnant, how many weeks?

Please specify any recent injuries or surgery (within the last 3 months)

.....

Goals and Expectations

Have you experienced a treatment at a Day Spa before? Yes No

What would you like to achieve from today's visit?

.....

Massage and Body

Are you experiencing any soreness/stiffness/joint pain: Yes No

If yes please specify:

Please tick any areas you would like AVOIDED in your treatment.

- Head Face Neck Bust Stomach
- Back Buttocks Legs Feet

Face

What areas of concern do you have regarding your skin?

.....

What kind of results would you like to see with your skin today?

.....

Have you had a reaction to any of the following?

- Cosmetics AHA Fragrances Sunscreen Food

Please specify

Have you recently had any of the following?

- Chemical peel IPL Laser Microdermabrasion
- Injectables Needling LED Light Therapy

SKIN

- Flaky Excess oil Shine Dull Dry Wrinkles
- Fine lines Redness Skin break outs Blackheads
- Pigmentation Uneven skin tone Dehydration

EYES

- Wrinkles Puffiness Dark circles Flaky Dehydrated

LIPS

- Surrounding lines Cracked Chapped

What skin care routine do you follow?

- Soap Cleanser Toner Neck cream Sunscreen
- Exfoliant Eye cream Serum Moisturiser Mask

- I agree to being kept up to date on the latest RACV product offers, benefits and services.

RACV would like to access the information you provide to send you the latest RACV product offers, benefits and services. The RACV privacy charter explains how we collect, handle and safeguard your personal information. You can get a copy from any RACV shop or at www.racv.com.au/privacy

I confirm to the best of my knowledge that the answers I have given are correct and that I have not withheld any relevant information. I am aware that wet areas may be slippery and that I will take care in those areas not to slip and fall. I acknowledge that I am personally liable and do not hold RACV liable for any consequences that may occur should I slip or fall, from not following any instructions or for any problems caused by my failure to disclose any relevant health or medical conditions.

Signature:

Date:

