

THIRD SPA SPACE

Customer No. _____

Title _____ Name _____

D.O.B _____ Address _____

Postcode _____

Contact No. _____

Email _____

Occupation _____

I hereby declare that the information on this form is completed correctly, to the best of my knowledge and I understand that any treatment I undertake is at my own risk. While I am a guest at Third Space Spa, I am responsible for my own valuables/personal property and liable if an accident or injury occurs whilst I am using the facilities, without limiting my statutory rights.

Client Signature:

Date:

To ensure we are able to treat you safely and effectively, we ask you about your health and medical history. Please tick here to consent to this

As a spa customer, we like to keep you updated with relevant updates and offers via email/SMS/phone. If you do not wish to receive these, please tick here

Privacy Info: please view our Privacy Notice, available at spa reception or thirdspace.london/privacy, for more information on what personal data we use, how and why.

To be able to tailor each treatment for you and allow you to receive the most out of your spa experience, we request that you take a few minutes to complete this form prior to your treatment.

Are you using any of the following?

Roacutane, Retain A, Glycolic or topical cream that may thin the skin? _____

Please write your comments if you suffer with the following;

Cancer, Thrombosis or Thyroid problems _____

Heart, Lung or Respiratory problems _____

High/low blood pressure, dizziness/circulatory problems _____

Kidney/Renal, Liver problems _____

Operations within the last 2 years _____

Allergies/Skin conditions _____

Diabetes or Epilepsy _____

Disorders associated with Stress_Varicose Veins/Cellulite _____

Metal Pins/Plates _____

Muscular or joint stiffness/Arthritis/Back pain _____

Botox/Facial injections/Liposuction _____

Are you currently under any medical treatment/taking any medication _____

Are there any other conditions which may affect your Spa experience? _____

Female Only – Are you pregnant or breast feeding? _____

Foot infections _____

Contact lens _____

Hormonal imbalances _____

Acne/Rosacea _____

Product allergies _____

Food or nut allergies _____

What are your 3 primary skin concerns?

Fine lines Uneven skin tone Blemishes Dehydration

High colour Lack of firmness Dark Circles Lack of radiance

THIRD SPA SPACE

COVID-19 DECLARATION

You will need to declare the questionnaire below and sign the consent form before any treatment can commence.

You are willingly consenting to the RISK of face to face and contact treatment within the spa YES NO

Please confirm you do not have symptoms consistent with covid-19 YES NO

You can confirm you have not suffered from or been diagnosed with covid-19 YES NO

If you have answered yes to having covid-19 a doctors note to confirm you are clear of the virus is required before treatment commences.

The patient does not live in a residence with any other person with symptoms of covid-19 YES NO

Any person living in the same residence has not been diagnosed with and/or has not suffered from symptoms with covid-19. YES NO

I solemnly and sincerely declare that the information I have provided to you is true and correct and I make a solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for giving a false declaration.

Client Signature: _____ Date: _____