the Spa AT STANLEY HOUSE

CONFIDENTIAL LIFESTYLE CONSULTATION

YOUR DETAILS

Title .... First Name .... Surname ....

Address ....

.... Postcode ....

Contact numbers (mobile) .... (home) ....

E-mail: ....

Stanley House would love to help you celebrate your special occasions.
To be added to our birthdays list, please complete your date of birth here: ☐☐/☐☐/☐☐☐☐

How did you hear about The Spa at Stanley House?

☐ Friends/Family ☐ Online ☐ Newspaper ☐ Advertisement ☐ Other (please specify) ____________

What is the main purpose of your visit today?

☐ Rest/Relaxation ☐ Skincare/Beauty ☐ Health/Fitness ☐ Indulgence ☐ Celebration

☐ Other (please specify) ____

SKIN TYPE & CONCERNS

Please tick any of the following health conditions, products or cosmetic procedures that relate to you:

☐ Normal	☐ Dry	☐ Combination	☐ Oily	☐ Pigmentation
☐ Acne	☐ Sensitive	☐ Extra Sensitive	☐ Sun Damage	☐ Dark Circles/Puffiness
☐ Lines & Wrinkles	☐ High Colour	☐ Other (please list) ____________		

What is your current skincare routine at home?

____

LIFESTYLE:

What is your quality of sleep?	☐ Deep	☐ Light	☐ Disturbed
What is your current status?	☐ Working	☐ Home based	☐ Retired
How often do you exercise?	☐ Rarely	☐ Daily	☐ Weekly
Do you smoke?	☐ No	☐ 1-20per day	☐ 20+
Do you wear contact lenses?	☐ Yes	☐ No	

BODY CONCERNS

☐ Dry skin ☐ Cellulite ☐ Overweight ☐ Poor circulation ☐ Aches & Pains

☐ Other (please specify) ____

What is your current body care routine at home?

____

DIET

How would you describe your diet? ☐ Balanced ☐ Moderate ☐ On-the-run ☐ Poor

How many cups/glasses/units of the following do you drink per day?

Water ____ Fresh juice ____ Alcohol ____ Coffee ____ Tea ____

MEDICAL INFORMATION

Please tick any of the following health conditions, products or cosmetic procedures that relate to you:

☐ Use of Accutane/Retin A
☐ Cancer/Chemotherapy
☐ Use of Aspirin/Ibuprofen Antibiotics
☐ Diabetes Psoriasis/Eczema
☐ Epilepsy/Seizures
☐ Cosmetic surgery
☐ Heart problems
☐ High/low blood pressure
☐ Known allergies
☐ Thyroid Rheumatoid arthritis
☐ Thrombosis/Embolism Hepatitis
☐ Botox/Restylane
☐ Back problems
☐ Varicose veins
☐ Use of birth control
☐ Are you pregnant?
☐ Laser / Microdermabrasion
☐ Metal Plates/Pins

If you have ticked any of the above please give details:

Have you ever had a reaction to a cosmetic product?

State any medical conditions you are currently being treated for, including any medical operations taken in the last two years:

List any medications you take regularly:

Would you like to be added to our mailing list and keep up to date with our latest news, offers and promotions? Yes ☐ No ☐

How would you prefer to be contacted? ☐ Post ☐ Home phone ☐ Mobile ☐ Email

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CONSENT

I confirm that to the best of my knowledge, the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

☐ I give Stanley House Hotel & Spa my explicit consent to use the sensitive personal data provided on this form for the assessment of appropriate Spa treatments. See our website www.stanleyhouse.co.uk for our full Privacy Policy.

Guest Signature .... Date ....

THERAPIST'S NOTES

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STANLEY HOUSE
HOTEL & SPA

The Spa at Stanley House, Mellor, Lancashire, BB2 7NP
Call 01254 769200 / 769229 Email thespa@stanleyhouse.co.uk Visit www.stanleyhouse.co.uk