



**General Information**

Name: Room Number:  
Address: Postcode:  
Contact Number: Profession:  
Email:  
Age:  16-18  18-25  25-35  35-45  45-65  65+

**Medical Information**

**Do you suffer from or have you suffered from any of the following conditions in the last 6 months?  
(Please tick as appropriate)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thrombosis      | <input type="checkbox"/> Dysfunction of Nervous System |
| <input type="checkbox"/> Low Blood Pressure  | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Asthma                        |
| <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Varicose Veins  | <input type="checkbox"/> Over active Thyroid           |
| <input type="checkbox"/> Claustrophobia      | <input type="checkbox"/> Back Conditions | <input type="checkbox"/> Under active Thyroid          |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Open Cuts       | <input type="checkbox"/> Phlebitis                     |
| <input type="checkbox"/> Cancer Treatment    | <input type="checkbox"/> Bruises         | <input type="checkbox"/> Eczema                        |

Allergies	<input type="checkbox"/> .....Please specify.....
Skin Disorders/Infections	<input type="checkbox"/> .....Please specify.....
Operations in the last 6 months	<input type="checkbox"/> .....Please specify.....
Recent injuries	<input type="checkbox"/> .....Please specify.....
Recent Scar Tissue	<input type="checkbox"/> .....Please specify.....

Are you currently taking any medication or receiving medical treatment?  Yes  No  
**Have you suffered any gastric problems in the last 24 hours?**  Yes  No

**Is it possible that you may be pregnant?**  Yes  No **If yes, how many weeks pregnant are you?**  
**Are you Breast feeding?**  Yes  No

**Please note the Thermal Suite and Hydro Pool is not available to pregnant guests.**

**Client Declaration:** I am signing below to confirm that the information I have given above is accurate. I understand that this information will be held by St Brides Spa Hotel and will only be used in conjunction with treatments I receive here. I have also read and understood the thermal suite and infinity pool safety information.

Signed \_\_\_\_\_ Date \_\_\_\_\_