## **Spa Guest Pre-Arrival Questionnaire**

Full Name
Reservation Number
Arrival Date
Anvardate
Room Number (if known)
Contact Information
Preferred Treatment(s)
Have very inited arm and hafare?
Have you visited our spa before?  C Yes C No
Please specify any allergies or sensitivities
Medical conditions the spa should be aware of
Any preferences or requests
Preferred Contact Method

☐ Email ☐ Phone