

Spa Treatment Consent Form (Hotel)

Guest Information

Full Name

Room Number

Phone Number

Email Address

Emergency Contact

Contact Name

Contact Phone

Treatment Information

Treatment(s) Received

Date of Treatment

Medical Information

Are you currently under medical care?

If yes, please specify

Do you have allergies?

If yes, please list

Are you pregnant?

Do you have any of the following conditions?

- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Skin Condition
- ☐ Recent Surgery
- ☐ Other

If Other, please specify

Consent & Acknowledgement

I confirm that the above information is correct and I consent to receiving spa treatments provided by the hotel. I acknowledge that I have informed the therapist of all relevant health conditions.

☐

I agree

Signature

Date