# Aroma Thai

Name
Address

Home Tel no
Email address
Doctor

Postcode
Date of Birth

## Please tick if any of the following apply :

| *Conditions* | | *Allergies* | |
|---|---|---|---|
| Arthritis | ☐ | **Essential oils** | ☐ |
| Asthma | ☐ | **Dairy products** | ☐ |
| High blood pressure | ☐ | **Nuts** | ☐ |
| Low blood pressure | ☐ | Seaweed | ☐ |
| Poor circulation | ☐ | Wheat | ☐ |
| Diabetes | ☐ | Iodine | ☐ |
| Eczema/psoriasis | ☐ | | |
| Migraine | ☐ | | |
| Joint/mobility problems | ☐ | *Within Last 18 months* | |
| Sensitive skin | ☐ | **Chemotherapy** | ☐ |
| **Epilepsy** | ☐ | **Radiotherapy** | ☐ |
| **Heart conditions** | ☐ | **Cosmetic surgery** | ☐ |
| **Kidney infections** | ☐ | **Laser surgery** | ☐ |
| **Liver problems** | ☐ | | |
| **Cold sores (current)** | ☐ | | |
| **Thyroid** | ☐ | *If pregnant* *(number of weeks)* | |
| **Cold sores (current)** | ☐ | **Within last 12 months** | |
| **Fungal infections current)** | ☐ | Pregnancy | ☐ |
| **Verrucas (current)** | ☐ | Miscarriage | ☐ |

(Items highlighted in **red** must be informed to reception.)
Medication and other medical conditions not listed above (please state)

I hereby certify that the above is true and correct and that I am physically capable of receiving spa treatment.

On the assumption that the above details are correct Aroma Thai, its servants, employees or agents are not responsible to me if any injury or health or well being is incurred if the medical information provided is found to be incorrect.

*Clients signature*

*Date*