

Medical questionnaire

Please complete the following short medical questionnaire.

Name _____ If under 18yrs please state age _____

Treatment _____

Accommodation Number (if applicable) _____

Note: If you answer Yes to any of 1-5 please advise your therapist as soon as possible.

1. Have you had radiotherapy or chemotherapy or you are currently undergoing treatment for cancer? Yes No

If yes, do you have any sensitivity? Yes No

2. Have you had surgery within the last 6 months? Yes No

3. Have you had lymph nodes removed or radiated? Yes No

4. Do you have a pacemaker or have any heart or circulatory disorders including high or low blood pressure? Yes No

5. Have you had deep vein thrombosis (DVT)? Yes No

6. Are you currently breast feeding or pregnant? Yes No

7. Do you have any varicose veins? Yes No

8. Do you have any allergies? Yes No

9. Do you have any infectious diseases? Yes No

10. Do you have any skin conditions / open sores or wounds? Yes No

11. Do you have any chest / breathing disorders? Yes No

12. Do you suffer from any complications arising from diabetes or cancer, such as lymphedema, neuropathy or vascular disorders? Yes No

13. Do you suffer from epilepsy? Is this controlled by medication? Yes No

14. Do you often feel faint or have spells of dizziness? Yes No

15. Have you had any recent fractures, muscular injuries, or metal pins or plates? Yes No

16. Do you suffer from any disorders affecting your back, bones or other muscles or joints? Yes No

17. Are you claustrophobic? Yes No

18. Are you currently receiving any medical treatment which you feel may affect your suitability for treatment? Yes No

Details _____

I declare that the above information is true and correct and give my consent for my treatment.

Signed _____ Date _____

Therapist _____ Date _____

Notes _____

This information is to enable our therapists to act in your best interests and ensure that you obtain the maximum benefit from the treatment, whilst assuring your comfort and safety.

Please read the safety information overleaf.



All personal data provided in this form relating to you will be processed by Center Parcs for the purposes of providing your treatment in Aqua Sana. For more information about how we handle your personal data please see our full privacy policy available on our website or on request from Guest Services.

Treatment advice

For your own safety and comfort:

- We recommend that you arrive 15 minutes prior to your appointment
- Glasses and contact lenses must be removed during treatments
- You will be advised to remove all jewellery prior to your treatment
- Do not drink alcohol within six hours of your treatment
- Please ensure that you inform your therapist if you are too hot/cold, if your position is not comfortable or the therapist's pressure is not enjoyable. We will endeavour to adjust or change techniques to suit you
- All treatment times take into account preparation, consultation and relaxation

Treatment age restrictions

- Body Treatments: 18 years old and over only
- Facial Treatments: 14 years old and over, guests under the age of 18 must be accompanied in the treatment room by an adult

Additional Information

Center Parcs does not accept any liability for any loss (including theft), damage to belongings or personal injury unless due to our negligence or any other breach of duty.