mint wellness
spoil yourself

CONSULTATION FORM

For resident guest, extract from Opera:

Name		**Date**	
Tel no.		**Date of Birth**	
E-mail		**Therapist's Name**	

Mint Wellness to complete:

VNL Leisure Club member	**YES / NO**	**If yes, add member no.**	
Overnight Guest	**YES / NO**	**If yes, add registration number**	
Day Visitor	**YES / NO**	**If yes, please provide address**	

Skin Type and Concerns:

☐ Normal	☐ Dry	☐ Oily	☐ Combination
☐ Acne	☐ Sensitive	☐ Extra Sensitive	☐ Sun Damage
☐ Lines/Wrinkles	☐ High Colour	☐ Pigmentation	☐ Dark Circles/Puffiness

What is your current skin care routine? _____

Body Concerns:

☐ Dry Skin	☐ Cellulite	☐ Poor Circulation	☐ Aches/Pains	☐ Varicose Veins
☐ Overweight	☐ Other: _____			

What is your current skin care routine? _____

Do you have any of the following conditions or make use of:

☐ Allergies	☐ Eczema	☐ Rheumatism	☐ Asthma	☐ High/Low Blood Pressure
☐ Heart Condition	☐ Cancer	☐ Hyperthyroid	☐ Epilepsy	☐ Iodine (Seaweed/Shellfish)
☐ Pacemaker	☐ IBS	☐ Constipation	☐ Psoriasis	☐ Claustrophobia
☐ Dilated Capillaries	☐ Arthritis	☐ Back Problems	☐ Diabetes	☐ Artificial Implants
☐ Birth Control	☐ Contact Lenses	☐ Metal Plates/Pins		

☐ Other, please specify (also specify allergies) _____

Please turn over and complete

Are you going through any of the following?

☐ Depression ☐ Menopause ☐ PMT ☐ Headaches/Migraines
☐ Pregnancy ☐ Breastfeeding Other (please list) _____

Medical History

Are you on medication or under medical supervision? Y/N_____

Is there history of any family illness? Y/N_____

Have you had any recent surgery, accidents or injuries? Y/N_____

INDEMNITY

I, _____ the undersigned, hereby indemnify and hold harmless Mint Wellness (Pty) Ltd, the Spa and/or Salons and/or Health Facilities at The Bay Hotel, Camps Bay Retreat, Pezula Hotel, Harbour House Hotel, The Farmhouse Hotel and/or any property owned and/or managed by or on behalf of Village N Life (Pty) Ltd, the Property Owner, Staff and Management from any injury, disease, death, damage or loss I may experience.

I declare that I will participate in all activities and/or treatments at all the facilities and externally at my own risk.

I understand that the services received are not a substitute for medical care and any information and/or advice given by the aesthetician/ beauty therapist is for educational purposes only.

All the information supplied on this form is correct and I agree that I cannot hold the aesthetician/ beauty therapist responsible for any loss, damage and/or injury or illness howsoever caused.

Client signature: _____