

The Green Rooms

A Little About You

First Name: _____ Surname: _____

Mobile: _____

Home Number: _____

Address: _____

_____ Date of Birth: _____

Are you staying at The Castle Green Hotel? Yes No

What treatment(s) are you having today?

Please tick the treatment times that best suit you.

Monday - Friday Evenings Weekends Any time

Please tick the description that best describes how you heard about us.

A Green Rooms gift voucher The Green Rooms website

Through the Castle Green I'm a member of Pulse

From a local paper (which: _____)

I was recommended by a client of the Green Rooms.

Please tell us who: _____

A Little About Your Health

Please tick if you have a recent history of:

Heart condition

Less than 6 weeks post natal

Thrombosis/Phlebitis

Skin problems

Pacemaker

Psoriasis/Eczema/Dermatitis

High/Low Blood pressure

Deep skin peeling

Varicose veins

Botox/Collagen

Hepatitis

Muscle/Joint Disorder

Diabetes

Recent surgery

Epilepsy

Cosmetic/Laser surgery

Aids/HIV

Chemotherapy/Radiotherapy

Hormone imbalance

Asthma/Breathing difficulties

On HRT/Contraceptive pill

Migraines

Thyroid

Back problems

Pregnancy

Hernia

Fungal infections

Sensitivity to essential oils

Metal plates or pins

Hayfever or sinus

Gall Bladder

Hysterectomy

Other: _____

Signature: _____ Date: _____

I am happy to receive news of special offers and information from the salon. The salon will not share this data with 3rd parties.