

## PANEE THAI SPA CLIENT TREATMENT RECORD CARD

**Personal Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel (H): \_\_\_\_\_

Tel (W): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Dr. Tel: \_\_\_\_\_

|                            |   |   |                           |   |   |
|----------------------------|---|---|---------------------------|---|---|
| 1. Pregnant                | Y | N | 13. Silicone Implants     | Y | N |
| 2. High/Low Blood Pressure | Y | N | 14. Facial Metal Implants | Y | N |
| 3. Diabetes                | Y | N | 15. Heart Disorder        | Y | N |
| 4. Epilepsy                | Y | N | 16. Skin Sensitivity      | Y | N |
| 5. Recent Scar Tissue      | Y | N | 17. Menstruation          | Y | N |
| 6. Bruises/Cuts            | Y | N | 18. Any Medication        | Y | N |
| 7. Varicose Veins          | Y | N | 19. Recent Surgery        | Y | N |
| 8. Metal Pins/Pacemaker    | Y | N | 20. Circulatory Disorder  | Y | N |
| 9. Rheumatoid Arthritis    | Y | N | 21. Mutiples Sclerosis    | Y | N |
| 10. Asthma                 | Y | N | 22. Thyroid Problems      | Y | N |
| 11. Constipation           | Y | N | 23. Cancer                | Y | N |
| 12. Water Retention        | Y | N |                           |   |   |

**If your answer is yes to any of the above questions, please specify:**

\_\_\_\_\_

\_\_\_\_\_

**I understand above information and declare that it is true.**

|   |
|---|
| Y |
|---|

I will not hold Panee Thai Spa or their employees liable for any claims that may occur during or after treatments carried out on their premisses or as it relates to products used.

Date Signed: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Head Therapist Signature: \_\_\_\_\_

