

# ARUNA

## ARUNA SPA

## Floatation Pool Treatment

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This basic health questionnaire will help insure the safety and well-being of our clients using the floatation pool at Aruna Spa.

	YES	NO
1. Are you over the age of 16?	___	___
2. Do you have heart trouble?	___	___
3. Do you suffer from chest pain?	___	___
4. Do you suffer from epilepsy?	___	___
5. Have you had major surgery in the last 6 months?	___	___
6. Have you had treatment for cancer in the last 5 years?	___	___
7. Do you have high blood pressure?	___	___
8. Do you require assistance due to limited mobility, bone or joint problems?	___	___
9. Do you have a thyroid condition?	___	___
10. Do you have poor circulation?	___	___
11. Are you claustrophobic, anxious or nervous?	___	___
12. Are you pregnant?*	___	___
13. Are you diabetic?	___	___
15. Do you suffer from any skin disorder? (please state)	___	___
16. Are you suffering from an infectious foot disorder?	___	___

**\*Use of floatation pool requires guests to have full use of all of their limbs. People with physical disabilities need to bring their own assistant. Please consult with front desk when making appointments.**

**Please state any medical condition/treatment past or present not mentioned in this questionnaire you feel we should be aware:** \_\_\_\_\_

\*If you are pregnant or have had a baby within the last six months please notify your doctor before using the floatation pool.

**Contra-indications**

Due to contra-indications of some treatments the therapist may not be able offer the treatment booked.

**IF WAXING OR SHAVING PLEASE ALLOW 24 HOURS BEFORE USING THE FLOATATION POOL TO AVOID IRRITATION.**

If you are pregnant our recommendation is that you consult your physician prior to receiving any spa treatments.

If you are currently suffering from an infectious foot disorder ARUNA SPA will be unable to provide you with any foot treatments or use of the floatation pool.

If you have had treatment for cancer in the last 5 years or major surgery within the last 5 months please seek advice from your physician prior to booking any appointments.

**SAFETY AGREEMENT**

While every effort is made to protect the health and safety of guests using the facilities, it is expressly agreed that use of facilities undertaken by me is at my own risk, and that Aruna Spa shall not be liable for any claims, damages, actions (or causes of actions) within the Spa complex.

*Client Name* \_\_\_\_\_ *Date* \_\_\_\_\_

*Client Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Staff Signature* \_\_\_\_\_ *Date* \_\_\_\_\_