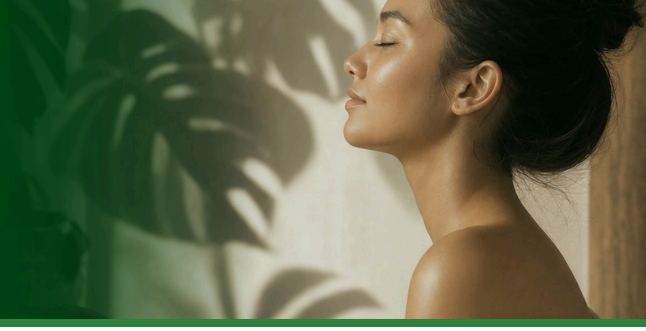
ORIENTAL SPA

FACIAL & BEAUTY TREATMENT CONSULTATION FORM

YOUR SKIN · YOUR BEAUTY · OUR CARE



Branch ☐ Plattekloof ☐ Brackenfell Date ____ / ____ / ____ (DD / MM / YYYY) Treatment booked _____

1 PERSONAL DETAILS

Full name _____

Date of birth ____ / ____ / ____ (DD / MM / YYYY) Age _____ ☐ Female ☐ Male ☐ Other

Mobile number + ____ (country code) _____ Email address _____

Address _____

Emergency contact — name _____ Number + ____ (country code) _____

2 HEALTH & MEDICAL HISTORY

Do you have, or have you had, any of the following? (tick all that apply)

Is this your first visit to Oriental Spa? ☐ Yes ☐ No

- ☐ Allergies — specify _____
- ☐ Diabetes
- ☐ Blood clots / thrombosis
- ☐ Recent surgery — specify _____
- ☐ Osteoporosis
- ☐ Skin conditions (e.g. eczema, psoriasis)
- ☐ Breastfeeding
- ☐ Autoimmune disease
- ☐ Other — specify _____
- ☐ Asthma
- ☐ High / low blood pressure
- ☐ Varicose veins
- ☐ Joint problems
- ☐ Muscle / back problems
- ☐ Respiratory problems
- ☐ Menstrual conditions
- ☐ Keloid scarring
- ☐ Epilepsy
- ☐ Heart condition / pacemaker
- ☐ Cancer — specify _____
- ☐ Arthritis
- ☐ Nerve damage
- ☐ Pregnancy — weeks _____
- ☐ Hormonal imbalance
- ☐ Currently under a doctor's care

If you ticked any of the above, please give details _____

3 MEDICATION

Are you currently taking any medication? ☐ No ☐ Yes Please specify _____

Have you taken any painkillers or medication today? ☐ No ☐ Yes Please specify _____

4 LIFESTYLE & SKINCARE HABITS

What is your main occupation? ☐ Desk / computer work ☐ Physical activities ☐ Travel ☐ Other _____

How often do you exercise? ☐ Regularly ☐ Sometimes ☐ Rarely ☐ Never

Do you smoke? ☐ Yes ☐ No Do you drink alcohol? ☐ Yes ☐ No

How much water do you drink a day? ☐ Less than 1 L ☐ 1–2 L ☐ More than 2 L

Do you use any skincare products? ☐ No ☐ Yes Which? _____

5 SKIN ANALYSIS & CONCERNS

Skin type (tick one)

- ☐ Normal
- ☐ Dry
- ☐ Oily
- ☐ Combination
- ☐ Sensitive
- ☐ Not sure

Skin concerns (tick all that apply)

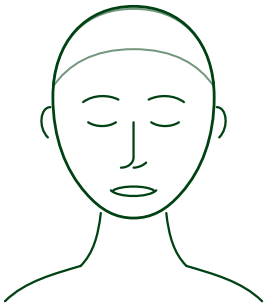
- ☐ Acne / breakouts
- ☐ Blackheads / whiteheads
- ☐ Sun damage / pigmentation
- ☐ Uneven skin tone
- ☐ Ageing / fine lines / wrinkles
- ☐ Sensitivity / redness
- ☐ Dark circles / puffiness
- ☐ Dull skin
- ☐ Other _____

Areas of concern

- ☐ Forehead
- ☐ Cheeks
- ☐ Nose
- ☐ Chin / jawline
- ☐ Under eyes
- ☐ Neck
- ☐ Décolletage (chest)
- ☐ Other _____

Peel, laser, microneedling or injectables in the past 4 weeks? ☐ No ☐ Yes _____

Using retinol, Roaccutane or prescription skin products? ☐ No ☐ Yes _____



Mark your areas of concern on the diagram

6 BEAUTY TREATMENT PREFERENCES

What would you like today? (tick all that apply)

- ☐ Deep cleansing facial
- ☐ Hydrating facial
- ☐ Brightening / radiance facial
- ☐ Anti-ageing facial
- ☐ Sensitive skin facial
- ☐ Acne / purifying facial
- ☐ Other facial _____
- ☐ Manicure
- ☐ Pedicure
- ☐ Gel polish
- ☐ Nail art
- ☐ Eyebrow shaping
- ☐ Eyebrow tint
- ☐ Eyelash tint
- ☐ Lash lift
- ☐ Waxing — areas _____

7 EXPECTATIONS & GOALS

What would you like to achieve? (tick all that apply)

- ☐ Deep cleanse & clearer skin
- ☐ Hydration & glow
- ☐ Reduce acne / breakouts
- ☐ Reduce pigmentation
- ☐ Anti-ageing / firmer skin
- ☐ Relaxation
- ☐ Improve skin texture
- ☐ General maintenance
- ☐ Other _____

8 CONSENT & AGREEMENT

- ☐ I confirm that the information provided above is true and correct to the best of my knowledge. I understand that it is my responsibility to inform my therapist of any changes to my health, medical history or skin condition. I give my consent for the facial / beauty treatment to be carried out by the therapist at Oriental Spa.
- ☐ I understand the treatment may be adjusted or declined if it is not safe for me, and that spa treatments are for relaxation and wellbeing — not a substitute for medical care.
- ☐ **My health information:** I consent to Oriental Spa keeping the health information on this form so therapists at both branches can treat me safely.
- ☐ **Offers and news** by email or WhatsApp (optional — you can say no and still be treated).

Your privacy. Oriental Spa (Pty) Ltd collects this information to treat you safely. Only our reception team and therapists can see it, through our secure booking system, and every time someone opens your record it is logged. We do not sell or share it. We keep it for five years after your last visit, then delete it. You can ask to see or correct it at the branch email below. Should you wish to have your records deleted, please contact Oriental Spa Management: Jasmin Tshangana at jasmin@orientalspa.co.za.

Client signature _____ Date ____ / ____ / _____ (DD / MM / YYYY)

Therapist signature _____ Date ____ / ____ / _____ (DD / MM / YYYY)

If the client is under 18: Parent / guardian name _____ Relationship _____ Signature _____

OFFICE USE

Client ID (PC-/BC-) _____ Consent ref (PCF-/BCF-) _____ Captured on dashboard by _____