

WELCOME...

Dear Guest

Welcome to Bannatyne Spa. We hope you will enjoy your spa experience with us. In order to help us maintain high standards, we respectfully ask you to observe the spa etiquette guidelines.

POOL AREA

- In the pool area, please shower before and between using the facilities.
- Please place towels and robes on hooks provided, not on sun loungers.
- Suitable attire must be worn at all times, whilst in the pool facilities.
- Guests who are pregnant must refrain from using the Steam Rooms, Spa and Sauna areas.
- No glass bottles, alcohol or mobile phones on poolside.

RESTAURANT/CAFÉ BAR

- Please be aware if lunch is not pre-ordered, you may have to wait for food.
- Robes can be worn in the restaurant or café bar/lounge area, but wet swimwear is not permitted.

FACILITIES

- Within your spa day, you are entitled to use the following health club facilities:
The gym and fitness classes, the pool area with Sauna, Steam Room and Spa Pool and the Spa Relaxation Room (if provided).

TREATMENT AREA

- Please report to the Spa Reception or designated area 15 minutes before your selected treatment time.
Please take a seat if the desk is unattended.
- We require vouchers/payment to be presented prior to the treatment. Unfortunately, we cannot perform your treatment without these.
- If you wish to book further treatments please see a member of the Spa Staff or Reception Staff for availability.
- If you wish to upgrade your package, please complete the upgrade menu and we will try our best to accommodate, if possible.
- Drinking water is available within our spa areas.
- Please can we request that you keep noise to a minimum in the Relaxation Room and spa treatment area.
- For your own comfort during your treatment, may we ask that dry swimwear is worn or replaced with underwear.
- All of the products that are used throughout your experience today are available for purchase, so that you can continue your spa experience at home.

Spa Day bags are available to hire for a small fee. This will include a fluffy robe, towel and flip flops all inside an eco friendly bag. A deposit is required upon hire. Once the robe and towel are returned to reception, your deposit will be fully refunded. *The flip flops and bag are yours to take away/keep.* As an exclusive opportunity to our spa guests, we would like to offer you a unique re-booking offer which guarantees you a saving! Please ask a member of the team for further details. We hope you have a fantastic day.

Name:

Signed In:

Signed Out:

Date:

SPA/HOTEL LOCATIONS

Aberdeen
Ashford
Banbury
Barnsley
Birmingham - Brindleyplace
Blackpool
Bristol
Broadstairs
Burton on Trent
Bury St. Edmunds
Cardiff
Carlisle
Chingford
Chafford Hundred
Charlton House
Crewe
Darlington
Dunfermline
Durham
Edinburgh - City Centre
Edinburgh - Newcraighall
Fairfield
Falkirk
Hastings
Humberston (near Grimsby)
Inverness
Ingleby Barwick (opens 2018)

Kingsford Park - Colchester
Leicester
Luton
Manchester - Chepstow St
Manchester - Quay St
Mansfield
Milton Keynes
Norwich
Orpington
Perth
Peterborough
Solihull
Shrewsbury (opens 2018)
Sutton Coldfield
Tamworth
Wakefield
Weybridge
Wildmoor
York

● SPA
● HOTEL



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

CLIENT DETAILS

Mr Mrs Miss Ms Other

Forename: Surname:

MEDICAL INFORMATION

Do you or have you ever suffered from any of the following conditions or problems?

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gout | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Circulatory problems | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart murmurs | <input type="checkbox"/> Heart condition | |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Chest pains | |

Are you taking any prescribed medication? Yes No

Have you ever had injury, illness, back or joint condition that could be aggravated by exercise or that you feel we should know about not listed above? Yes No

Details

Female guests: Are you pregnant or have you recently given birth? Yes No

If you have answered yes to any of the above questions or if you are unsure if you are able to exercise, please consult your doctor before participating in any exercise.

Fitness Disclaimer - Terms & Conditions of usage. I declare that to the best of my knowledge, the information given is correct and I know no reason why I should not participate in an exercise programme or class. I understand that I enter into any exercise programme, entirely at my own risk. I will cease participation should any unusual symptoms occur. I will adhere to the club rules which are located at the club's reception.

Signature: Date:

CLIENT PROFILE - SPA TREATMENTS

CLIENT DETAILS

Mr Mrs Miss Ms Other

Forename: Telephone (mobile):

Surname: Telephone (home):

Address: Email:

Date of Birth:

Postcode:

Occupation:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Piercings/tattoos | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thrombosis/DVT* | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sensitive Skin | <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Surgery (last 6 months) | <input type="checkbox"/> Eczema/Psoriasis |
| <input type="checkbox"/> Prosthetics | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Skin Infections | <input type="checkbox"/> Fungal Infections/Athletes Foot |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Varicose Veins* | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Allergies | <input type="checkbox"/> Intolerance to Heat |

**If you are pregnant and are intending to use the health club/hotel facilities please refrain from using steam room/sauna/spa pool or related heat treatments

If you have ticked any of the above please explain in more detail:

LIFESTYLE QUESTIONNAIRE

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- Is your sleep disturbed?
 Do you smoke?
 Are you taking any medication?
 Are you breastfeeding?
 Do you exercise regularly?
 Is there any history of family illness?

MEDICATION

Please provide details of any medication taken

Please provide details of any other health issues that you feel are relevant:

FACIAL TREATMENTS Treatment aims (pick 3)

- Brighter Skin Oil Control Deep Cleansing Anti-Ageing Soothing Nourishing Lifting

BODY TREATMENTS Treatment aims (select what apply)

- Relaxation/Stress Relief Relieve Tired, Aching Muscles Reduce Cellulite Re-Defining
 Skin Nourishing Balancing Inch Loss Reduce Bloating/Water Retention

Do you follow a skin care regime at home?

Yes No Please give details

Tint Tests and lash extensions are required 48 hours before treatment otherwise treatment will be refused. Tick if you have had a Tint Test in the last 6 months at a Bannatyne Spa . Treatment times include consultation and after care advice time. Lateness for treatment will result in treatment being refused or time being shortened.

Client Signature: Therapist Signature:

Date: Date:

Tick if you would like to receive information about our products and any special offers:

by post by email by telephone by text message