

### Treatment Appointment Procedure

Appointments can be made with Reception directly or by telephone  
The same procedure is to apply to either method of reservation providing all details  
as per **Treatment Appointments Form** (as follows)

In addition, the Receptionist must advise the guests of each of the following:

1. **Cancellation Policy**

A cancellation policy applies for failure to cancel prior to the scheduled time  
- failure to cancel at least 24 hours prior to the treatment will incur a charge of  
50% of the treatment price.

Please advise outside guests they are required to provide credit card details  
to confirm the Appointment. This credit card is to be charged in the event of  
non-cancellation. Payment in advance to confirm the booking (record their  
credit card number and we can charge 50% of the treatment price directly  
as a deposit)

Failure to arrive for the appointment after 15 minutes will be considered a  
cancellation and a 50% charge will be billed to the hotel room (credit card).

2. **Early Arrival**

Guests are to be advised that if they wish to enjoy the Spa facilities (8<sup>th</sup> Floor  
only) they are invited to arrive up to 30minutes prior to their appointment  
time. This time will be used to complete **Spa Health Questionnaire**, discuss  
treatment benefits, take sauna/steam/Jacuzzi or shower, and begin  
relaxation time with a cup of tea and rest.

3. **What to Wear/Bring**

Guests should bring their swimsuit if they would like to use the facilities  
Guests should not wear jewellery or bring valuables  
Guests should bring comfortable footwear suitable for walking safely on wet  
surfaces  
We will provide towels, robes, cloth slippers and bathroom amenities

**Treatment Appointment Form**

Date \_\_\_\_\_

Receptionist \_\_\_\_\_

Client Name \_\_\_\_\_ Phone #/Room # \_\_\_\_\_

 Inhouse Guest  Notes about Client: \_\_\_\_\_

 Member 

 Outside Visitor  First time at Spa/Treatment: \_\_\_\_\_

Treatment Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

<u>MASSAGE</u>	Massage	<input type="checkbox"/> 55min	<input type="checkbox"/> 25min	
	Aromassage	<input type="checkbox"/> 55min	<input type="checkbox"/> 25min	
	Facial Massage	<input type="checkbox"/> 20min		
THERAPIST:	Wassf <input type="checkbox"/>	Lana <input type="checkbox"/>	Shah <input type="checkbox"/>	Tharw <input type="checkbox"/>

<u>Dead Sea FACIALS</u>	Relaxing Mud Facial	<input type="checkbox"/> 55min	
	Mini Mud Facial	<input type="checkbox"/> 25min	
THERAPIST:	Lana <input type="checkbox"/>	Shah <input type="checkbox"/>	Tharw <input type="checkbox"/>

<u>Dead Sea BODY</u>	Full Body Salt Scrub	<input type="checkbox"/> 30min			
	Natural Body Mud Wrap	<input type="checkbox"/> 55min			
	Relaxing Herbal Body Mud Wrap	<input type="checkbox"/> 55min			
	Anti Cellulite Body Mud Wrap	<input type="checkbox"/> 55min			
THERAPIST:	Wassf <input type="checkbox"/>	Lana <input type="checkbox"/>	Shah <input type="checkbox"/>	Minel <input type="checkbox"/>	Tharw <input type="checkbox"/>

<u>SUGARING</u>	Full Body	<input type="checkbox"/> 75min
	½ Arm / ½ Leg	<input type="checkbox"/> 20min
	Full Arm / Full Leg	<input type="checkbox"/> 30min
	Underarm / Bikini	<input type="checkbox"/> 20min
	Eyebrow Shaping	<input type="checkbox"/> 15min
THERAPIST:	Minel <input type="checkbox"/>	Shah <input type="checkbox"/>

<u>NAILS</u>	"Jessica" Manicure & Hand Treat	<input type="checkbox"/> 45min
	"Jessica" Pedicure & Foot Treat	<input type="checkbox"/> 60min
	Quick & Simple File & Color	<input type="checkbox"/> 15min
THERAPIST:	Minel <input type="checkbox"/>	Shah <input type="checkbox"/>

(Outside Guests ONLY - Credit Card details to confirm Appointment)

 Visa  Mastercard  Amex  Diners Club   
 Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Spa Health Questionnaire**

In the Spa, your health, comfort and safety are our foremost concern, therefore we request that you answer each of the following questions completely prior to any therapy treatments being performed or facilities used. All information will be treated in the strictest confidence.

Yes      No

1. Do you have any joint or muscle problem  
that should be avoided during massage therapy?
2. Do you suffer from high or low blood pressure?
3. Do you have heart condition or a history of heart disease?
4. Do you suffer from any allergies or skin sensitivity?
5. Are you pregnant?
6. Are you currently taking any medication?
7. Do have any varicose veins or any circulatory problems?
8. Have you undergone an operation in the last twelve months?
9. Do you suffer from any of the following :

- Epilepsy       Diabetes  
 Athletes foot       Psoriasis  
 Burns       Cuts or Open Wounds

10. Do you have any other medical condition that may affect your treatments and use of our facilities?      Yes      No

If yes, please give details \_\_\_\_\_

11. Has your doctor ever advised you against taking part in any physical exercise, taking face or body treatment or using heat facilities such as sauna or steam?      Yes      No

I hereby consent that I have answered all questions accurately and understand that these are given with regard to my safety and well-being.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL DETAILS**

Client Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone No.: \_\_\_\_\_ PO Box: \_\_\_\_\_