

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 (8th 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you suffer from high or low blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have heart condition or a history of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you suffer from any allergies or skin sensitivity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do have any varicose veins or any circulatory problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you undergone an operation in the last twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you suffer from any of the following :		
<input type="checkbox"/> Epilepsy		
<input type="checkbox"/> Athletes foot		
<input type="checkbox"/> Burns		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Psoriasis		
<input type="checkbox"/> Cuts or Open Wounds		
10. Do you have any other medical condition that may affect your treatments and use of our facilities?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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: _____