



FITNESS · BEAUTY · HEALTH

Consultation Card

Name, Surname _____
 Telephone _____
 Date of Birth _____
 Email _____

How did you get familiar with the JUST PURE Concept?

Pressebericht (Name of press): _____ Friends _____ Voucher _____
 Other: _____

Any known Diseases? (if yes, please list them)

Yes, the following _____ No

Any known Allergies? (if yes, please inform us accordingly)

Yes, the following _____ No

Do you have any other health problems?

Heart-Bloodcirculation weakness	Vain problems	Circulatory problems	Asthma
Migraine	Diabetes	Thyroid gland	Eating Disorders
Other	_____		

Did you have any surgeries in the past?

Yes, the following _____ No

Are you taking any Medicines at the present time?

Yes, the following _____ No

Do you suffer from any kind of Neurodermatitis or any other Skinaffections?

Yes, the following _____ No

What type of skin do you think that you have?

<u>Body:</u>	Dry	Unpure	Fat	Sensitive	Allergic	Normal
<u>Face:</u>	Dry	Unpure	Fat 🍏	Sensitive 🍏	Allergic	Normal

Do you exercise any sport?	Yes	No
Do you feel healthy & vital at the present time?	Yes	No
Do you smoke?	Yes	No
Do you take any Birth Control Pills?	Yes	No
Are you pregnant?	Yes	No
Are you experiencing any menopause complaints?	Yes	No
Do you like going _____ and often _____ under the sun		
sweating _____ or freeze _____ easily		

Which perfume do you prefer?

Flowery _____ Fruity _____ Spicy _____

What is your favorite colour? _____

Date _____ Signature _____

In order for us to guarantee you a qualm, peaceful & enjoyable time at the Spa, we kindly ask you to take off your shoes and use the slippers and bathrobe provided to you by the Spa personnel as well as to switch off your cell phone during the therapies. Thank you for your understanding!