



R & R Program – Intake Form

Thank you for your interest in the KX R+R 6-week program. Before we get you started, we have an intake form to assess your suitability for the Spa treatments along with nutritional requirements and preferences for gym training.

Once we have received this completed form, we will co-ordinate the booking of your 6-week program.

Name:

Date:

Spa

- Metal or electronic implants, pins, plates within the body YES NO
- Metallic IUD YES NO
- Cardiac pacemakers, implanted defibrillators, implanted neurostimulators YES NO
- Drug pumps, Pulmonary insufficiency YES NO
- Injured or otherwise impaired muscles YES NO
- Malignant tumour or history of cancer within 5 years YES NO
- Cardiovascular diseases YES NO
- Disturbance of temperature or pain perception YES NO
- Haemorrhagic conditions YES NO
- Acute inflammations, contagious skin disease or infections YES NO
- Elevated body temperature YES NO
- Pregnant or nursing YES NO
- Graves' disease YES NO
- Recent surgical procedures (muscle contraction may disrupt the healing) YES NO

Food Program

Please list foods that you particularly enjoy:



Please list strict food aversions:

Do you have any food allergies or intolerances?

If you are currently taking any medication, please state below:

Do you require your food to be delivered to your home or collected at KX? Delivery Collection KX

Gym

What are your preferred training days and times for your Personal training sessions?

Do you currently have any injuries? are you in pain, please elaborate below

Do you have a preference of a Male or Female Personal trainer?