



"Head to Toe" Detox Break

1 PERSONAL DETAILS

Name:

Date of Birth:

Email address:

Mobile telephone number:

Home telephone number:

Best time to call:

Occupation:

2 TRAVEL DETAILS

Travel insurance details

Insurance company name:

Insurance policy number:

Insurance company emergency Tel No:

Person to contact in case of emergency:

Name:

Relationship:

Telephone inc international dial code:

Mobile:

Height:

Weight:

Arrival flight No, Airline and Arrival time:

Departure flight No, Airline and Dept time:

Airport flying from:

Arrival Airport Spain **ALICANTE**

Booking details :

Date of Arrival :

Date of Departure :

Payment method :

CREDIT CARD / TRANSFER / CHEQUE / PAYPAL

ACCOMMODATION TYPE:

PRIVATE ENSUITE or TWIN ENSUITE



"Head to Toe" Detox Break

3 MEDICAL DETAILS

Do you have any major medical conditions? Y / N

If so, please specify.

Are you on any current medication, (including the use of recreational drugs)? Y / N

If so, please specify.

Have you ever suffered from any injuries, serious illnesses, allergies, operations or broken bones? Y / N

If so, please specify.

Have you had any recent surgery, vaccinations or investigative treatment? Y / N

Family Medical History – Blood pressure, heart problems, diabetes, cancer, other?

4 LIFESTYLE

Please describe your working environment:

How do you rate your stress levels (high/medium/low):

How much tea/coffee do you consume in a day?

Do you smoke, if yes, how many a day?

How many units of alcohol do you consume in a day?

On average how many hours of sleep do you have per night?

Do you sleep easily?

Do you sleep soundly?

Is sleep often/sometimes interrupted?

Can you get back to sleep?

Do you wake up refreshed or tired?



"Head to Toe" Detox Break

Do you exercise, if so, describe your fitness level and any current form of exercise.

5 HEALTH & WELL-BEING

Do you need tea, coffee, biscuit or a cigarette to get you going in the morning? Y / N

Do you crave chocolate, sweet foods, bread, cereal or pasta? Y / N

Do your energy levels fluctuate during the day or after meals? Y / N

Do you have mood swings, over-react and find it difficult to concentrate? Y / N

6 DIGESTION

Is your diet well balanced or erratic?

Do you eat too fast? Y / N

Do you chew your food thoroughly? Y / N

Do you get indigestion, stomach pains, wind or a bloated stomach? Y / N

Do you suffer from constipation? Y / N

Do you have a bowel movement at least once a day? Y / N

Do you suffer from any food allergies or sensitivity to certain foods? Y / N
If so, please specify.

Do you take any vitamin/mineral supplements?
If so, please specify.

Do you have any special dietary requirements?
If so, please specify.



"Head to Toe" Detox Break

7 IMMUNITY

Can you fight infections (ear, nose, throat, stomach) easily? Y / N

How often do you take a course of anti-biotics in the year?

Do you suffer from asthma, eczema or hayfever? Y / N

Have you suffered from an overactive or under active thyroid? Y / N

Have you been diagnosed with cancer or pre-cancerous growths? Y / N

For Women

Are your periods painful, irregular, heavy or scant? Y / N

Are there any symptoms of bloating, cramps, or fatigue? Y / N

Do you suffer from irritability, mood swings, fluid retention, painful breasts? Y / N

Any history of unstable pregnancy/infertility?

Do you suffer from hot flushes, headaches, insomnia, vaginal dryness? Y / N

Are you gaining weight? Y / N

For Men

Are there any health problems with your prostate or testes? Y / N

Do you suffer from loss of libido? Y / N

Do you get stressed, irritable or angry? Y / N

Do you suffer from fatigue and loss of energy? Y / N

Are you gaining weight? Y / N

Has your drive or motivation slumped? Y / N



"Head to Toe" Detox Break

8 EMOTIONAL WELLBEING

Are you an optimistic or pessimistic person?

Do you have high / average / low self esteem

Do you hold back your emotions? Y/N

Do you find you cry easily? Y/N

Have you been diagnosed with acute/chronic depression in the past or present?
If so, please specify what treatment you received and for how long.

Have you received any form of counselling or therapy?
If so, please describe it and the outcome.

How do you feel at the moment?

Do you feel supported?

9 Expectations

What do you expect to achieve from the "Head to Toe" detox break?

We would like to take this opportunity to thank you for taking the time to complete this form. We look forward to meeting you soon.

Best wishes from all of us at the,



"Head to Toe" Detox Break