

EDEN RESORT

WELLNESS – REHABILITATION

CLIENT INFORMATION FORM

Name¹ :

ID / Passport Nbr²:

Date of arrival:

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Client's Personal Data

Client's Medical Information

Client's Preferences and Requests

1st contact Person Responsible for Client's Health

2nd contact Person Responsible for Client's Health

All information and data are given to the Eden Resort by the client personally or by Contact Persons Responsible for clients' Health³

Client's Personal Data:

Date of birth:

Place of birth:

Full Home Address:

Telephone: Home

Mobile

Email:

Marital Status:

Profession⁴:

¹ As shown on the identity Card or Passport

² For Cypriots the Identity Card Number is required and for non-Cypriots the Passport Number

³ In case that the Client is not fit or able to decide at a certain time

⁴ If the client is a retired person then the last profession should be declared

Client's Medical Information

- General Client's Health report signed by client's personal doctor is required⁵
- Short Medical History:
.....
(Illnesses, Allergies, Diseases, Other Health problems)
- Estimated Height (cm):
- Estimated weight (kg):
- Medications:
.....
.....
.....
- Personal Doctor/s for communication for any health issues:
.....
- Hospital / Clinic of preference in case of emergency⁶:
.....

Requirements/ Needs / Preferences of the Client

- Double Shared / Single Room / Suite:
- Appropriate individual therapies:
.....
- Hobbies and Preferred Activities⁷:
.....
- Other needs / preferences:
.....

I/We agree and I/we give our consent for the transportation of the Client out of the Resort for any reason may the Management deem necessary⁸ (delete if you do not agree).

⁵ Required by the law for Wellness and Rehabilitation Centers

⁶ Hospital or clinic (name and telephone nbr) in case of emergency

⁷ Music, painting, Cards, Backgammon, board table / team games, cooking, theater, Movies, Excursion / Tours Pilgrimage, gymnastics, Swimming, Cycling, Yoga, Reading, walks, Gardening, etc.

⁸ The movement from Resort can be for any reason that the Management might deem necessary (emergency, individual or group activity, excursion, etc.)

I/we agree and I/we give our consent to use image, photos or videos of the Resort which might show the Client for advertising purpose in the Resort's website and Social Media. (delete if you do not agree)

The company is not responsible for any accident may happened in the Resort and the Client and or his relatives accept that the Company can not be hold responsible for any physical or other damage the Client would suffer from such an accident unless the Company's legal proved negligence is involved.

Data contact details and signature of 1st person responsible for Client's Health

Full Name:

Relationship with client:

Home Address:

Work Address:

Telephone: Home / work/ Mobile:

Email:
.....

Signature for confirmation that the information and data provided and included in all pages of this form are right and true:

Data, contact details and signature of 2nd person responsible for Client's Health

Full Name:

Relationship with client:

Home Address:

Work Address:

Telephone: Home / Work/ Mobile:

Email:

Signature for confirmation that the information and data provided and included in all pages of this form are right and true: