



SayNam

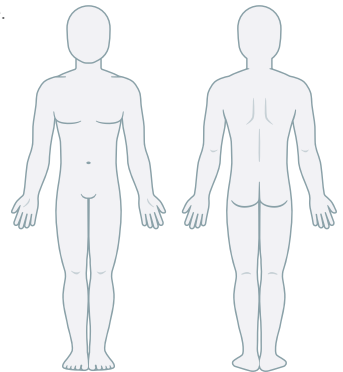
HOLISTIC HEALTH SPA CENTER

HEALTH QUESTIONNAIRE

This information will be maintained in complete confidence.

Name

Email



Please mark the area you would like to concentrate location in the figure opposite.

Please tick the appropriate boxes:

- Do you have a heart condition? No Yes
- Do you have high blood pressure? No Yes
- Do you suffer from varicose veins? No Yes
- Do you suffer from asthma? No Yes
- Do you have diabetes? No Yes
- Do you have any skin problems? No Yes, please specify
.....
- Do you have any allergies? No Yes, please specify
.....
- Do you have neck, joint, spine or back problems? No Yes
- Do you have metal implants or a pacemaker? No Yes
- Are you pregnant (for ladies only)? No Yes
(Please also inform us if you may be pregnant as some treatments may not be suitable for ladies in early pregnancy)
- Are you currently on any medication? No Yes, please specify
.....
- Have you had surgery in the last 12 months? No Yes

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Signature of Guest

.....
Date