



SayNam

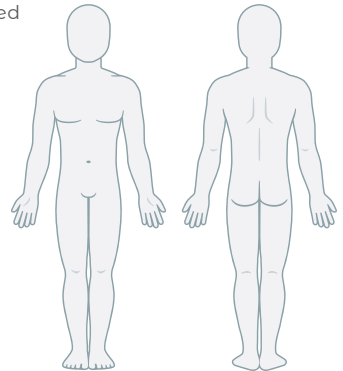
HOLISTIC HEALTH SPA CENTER

HEALTH QUESTIONNAIRE

This information is strictly confidential and will not be passed on to third parties.

Name

Email



Please mark in the illustration on the right which areas you would like to focus on.

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 women only)? No Yes
(Please also inform us if you may be pregnant as some treatments may not be suitable for women 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