Holistic Therapies Health Questionnaire and Consent Form

Name:				Mobile:		Insurance Risk Mana
Home Tel:			e-mail:	I		
Address:						
					Post Code:	
ate of Birth:						1
o any of these health conditions	apply to you?	ŀ	f yes, pleas	e give details		
	Yes	No	, ,,	0		
Arthritis						
Back Problems						
Breathing Problems						
Depression						
Diabetes						
Eye Problems		1				
Heart problems						
High/Low blood pressure						
Knee Problems						
Neck Problems						
Pregnancy						
Recent Fractures/sprains						
Recent Operations						
			1			
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