



## Medical Questionnaire

Name: ..... Date: .....  
 Address: ..... Telephone No: .....  
 ..... Mob no.: .....  
 ..... E-mail: .....  
 ..... Occupation: .....

Doctor's Name: .....

Do you suffer with any problems related to the following? Please circle

Diabetes	Epilepsy	Blood Pressure	Head Problems	Chest
Migraine	Kidneys	Bladder	Neck Problems	Heart

Details: .....

Do you suffer from any Medical Conditions ? .....

Are you currently having any Medical Investigations ? .....

What for?.....

Any Allergies: .....

Could you be Pregnant ? .....

Are you currently taking Medication, Name? .....

Do you have Athletes Foot or a Verruca? .....

I confirm that the information given is accurate and correct. Should I have provided false information or failed to supply information which may be relevant I have done so at my own risk. I will inform therapist before receiving treatment if any of the information above changed at any time during my treatment.

SIGNED: .....  
 (client)

DATE: .....

SIGNED: .....  
 (practitioner)

DATE: .....

*Please return to [info@pamperparty.com](mailto:info@pamperparty.com) at least one week before the party date*