# Medical Form

# Em.Power Wellness Centre Horwich

**66a Lee Lane Horwich Bolton BL67AE**

| **Yes/No** |  |
| --- | --- |
| Yes/No | Epilepsy |
| Yes/No | Seizures |
| Yes/No | Heart Conditions |
| Yes/No | Pacemaker |
| Yes/No | Arthritis |
| Yes/No | High Blood Pressure |
| Yes/No | Low Blood Pressure |
| Yes/No | Neurological Disorder |
| Yes/No | Stroke |
| Yes/No | Cancer |
| Yes/No | Diabetes |
| Yes/No | Are you Pregnant? |
| Yes/No | Lung disease |
| Yes/No | Back Issues/operation |
| Yes/No | Hip Issues/operation |
| Yes/No | Blood conditions |
| Yes/No | Nervous System Disfunction |
| Yes/No | Recent Operations |
| Yes/No | Acute Rheumatism |
| Yes/No | Other (you may feel relevant) |

|  |  |
| --- | --- |
|  | I have read and filled this form in to the best of my knowledge.  I agree to contact my doctor if I do not know if it is safe for me to undertake the workshop, sound workshop or class.  I understand the practitioner cannot diagnose illness or any medical conditions.  This form is strictly confidential, this is so due care can be taken.  I am aware that my participation is voluntary. |

| Print Name Signature D.O.B Date |
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