# 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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