

NAME:

PROCEDURE:

AREA:

DATE:

BODY SCULPTING MEDICAL QUESTIONNAIRE

Health / Serious Illnesses

Are you currently suffering or have suffered from any of the following?

	YES	NO	COMMENTS
1. Epilepsy			
2. Urine Infection			
3. Diabetes			
4. Cancer			
5. Medical Oedema			
6. HRT HORMONE REPLACEMENT THERAPY			
7. Contraceptive			Pill / Coil / Other:
8. Any Kidney problems or issues			
9. Auto Immune Disease			
10. Currently Pregnant			
11. Gastric Ulcers			
12. Any form of infection fever or disease			
13. Cardio Vascular Conditions			(Thrombosis, phlebitis, hypertension, heart conditions/ disease)
14. Regular antibiotics/ medications taken			If yes please list:

Any conditions already being treated by a practitioner:

Use of recreational drugs or alcohol:

OFFICIAL USE:

CANDIDATE: YES

NO