BODY & SKIN CLINIC

Name: DOB:

Email: Occupation:

Preferred Contact Number: Hobbies/Sports:

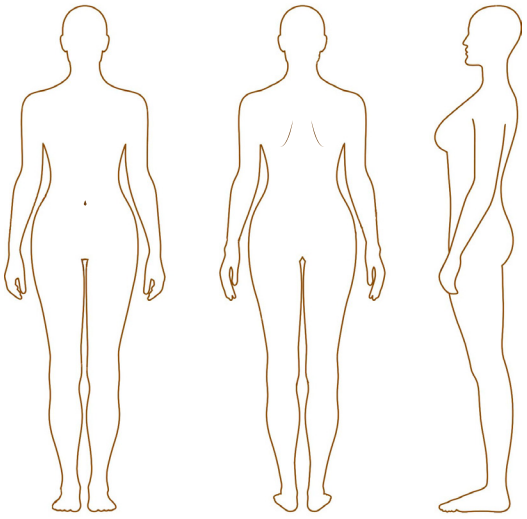
Address:

Post Code:

Please Circle the relevant answers to the questions below:

Do you suffer from a heart condition?	YES	NO
Do you suffer from asthma, diabetes, epilepsy?	YES	NO
Are you on any medication that I should be aware of?	YES	NO
Are you pregnant?	YES	NO
Have you had a baby in the past year?	YES	NO
Do you suffer from any joint or bone condition	YES	NO
Have you had surgery in the past year?	YES	NO

If you have answered yes to any of these questions, please specify details:



Please indicate any areas of pain, weakness or discomfort and write a description of it below:

I have read and understand the above and I have answered truthfully all the questions. Body & Skin Clinic cannot be held liable for any injuries sustained during classes.

Sign: Date: