

# Health declaration

Name: .....

M / F

Date of birth: ..... / ..... / .....

Address: .....

Postcode: ..... Place: .....

(Mobile) phone:..... E-mail: .....

## Questions regarding your overall health

Yes No

1. Are you currently healthy?

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2. Do or did you suffer from one of the following conditions:

- Heart diseases?
- Serious hypertension?
- Epilepsy?
- Kidney failure?
- Serious asthma?
- Recently performed surgery?
- Migraine?

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- Auto-immune diseases (such as rheumatism, MS, Crohn, diabetes, asthma), if so, which?

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- Other conditions

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3. Do you currently use:

- Medication for the heart
- What medication do you use?

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4. Are you allergic to a certain substance? (food/environment etc.)

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5. Are you currently pregnant or do you wish to become pregnant?

6. Is there anything else your practitioner should know about?

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7. I hereby declare to have filled out this form truthfully.

Date: ..... / ..... / .....

Signature of participant: