



IF YOU HAVE EVER HAD ANY OF THE FOLLOWING, PLEASE TICK:

GENERAL

Allergies
Convulsions
Dizziness
Fatigue
Epilepsy
Headache
Migraine
Diabetes
Rheumatic Fever
Pins & Needles in Hands
Pins & Needles in Feet

CARDIO VASCULAR

High Blood Pressure
Low Blood Pressure
Heart Problems
Stroke
Cold Hands/Feet
Leg Cramps
Bruise Easily

GASTRO INTESTINAL

Digestion Problems
Heart Burn
Hiatus Hernia
Gall Bladder Problems
Jaundice
Belching/Gas
Constipation
Diarrhoea
Nausea
Vomiting
Hemorrhoids

MUSCLES & JOINTS

Backache
Faulty Posture
Pain Between Shoulders
Shoulder Problems
Elbow Problems
Neck Stiffness
Hip-Knee-Foot Problems

GENITO URINARY

Frequent Urination
Incontinence
Kidney Infections
Painful Urination
Prostate Problems

**EARS, EYES, NOSE,
THROAT**

ringing In Ears
Earache
Ear Infections
Deafness
Eye Pain
Crossed Eyes
Failing Vision
Hay Fever
Sinus Problems
Tonsillitis
Sore Throat

RESPIRATORY

Chest Pain
Chronic Cough
Breathlessness
Asthma
Emphysema
Chest Infections

FOR CHILDREN

Bed Wetting
Colic Pains
Hyperactivity
Asthma
Learning Difficulties
Ear Infections
Persistent Crying
Poor Sleep Pattern
Mood Swings
“Growing Pains”
Dyslexia
Walking Difficulty
Scoliosis

FOR WOMEN

Painful Periods
Excessive Flow
Irregular Cycle
Failure to Conceive
Miscarriages
Menopausal Problems
Ovary Pain

**THANK YOU FOR
TAKING THE TIME
TO COMPLETE THIS
QUESTIONNAIRE.
YOUR ANSWERS
GIVE US A BETTER
UNDERSTANDING OF
YOUR CASE.**