



## PLUS HEALTH COMPANY REGISTRATION & HEALTH SCREENING

Title:	Full Name:	DOB:
Postal Address:	Postcode:	
Registered GP Practice Name:	Occupation:	
Mobile Tel:	Email:	

Please answer the following and tick as appropriate:	Yes	No
Do you suffer from any respiratory conditions e.g. Asthma, COPD?		
Do you have epilepsy?		
Are you diabetic?		
Do you have heart problems?		
Do you suffer from any circulatory disorders e.g. varicose veins, thrombosis, atherosclerosis, high blood pressure, low blood pressure, haemophilia?		
Do you have any allergies ie. Latex/plasters?		
Do you suffer from any skin disorders e.g. eczema, psoriasis?		
Have you been diagnosed with Osteoporosis (brittle bones)?		
Do you suffer from Osteoarthritis (OA)?		
Do you suffer from inflammation/ hot, painful joints?		
Have you been investigated or diagnosed with any rheumatology conditions such as rheumatoid arthritis (RA) or ankylosing spondylitis (AS)?		
Have you been diagnosed with any neurological conditions such as multiple sclerosis, parkinsons or a history of stroke?		
Do you suffer from blackouts, dizziness, pins and needles or numbness?		
Have you had any major operations or awaiting any surgical procedures?		

Have you had or do you currently have any major illnesses such as cancer?		
Have you ever has any fractures/broken bones?		
Have you any current injuries such as sprains/strains?		
Do you suffer from undiagnosed pain/lumps or bumps?		
Do you have a history of spinal problems e.g. back pain, whiplash, scoliosis?		
Are you currently suffering from any bacterial or viral infections eg. Chest infection or cold?		
Do you have an underactive or overactive thyroid?		
Have you been diagnosed or investigated for a vitamin D deficiency?		
Do you have a mental health issue, such as anxiety or depression?		
<b>Women only:</b> Please state if you have had children, how many and whether you had a natural birth, c-section and/or additional complications (such as foceps, vontouse or tears):		
Please give details regarding any 'yes' ticked boxes below:		
Please list current medications:		

What are you aims/goals? .....

Declaration: The information detailed above is correct and I agree to inform Plus Health Company if there are any changes to my health:

Signed ..... Print ..... Dated .....