

# Arden Forest Wellness

## Health Questionnaire

### Guest Details

First Name		Last Name	
Day of Birth		Month of Birth	Year of Birth

### Please tick if the answer is yes

Have you listed all current health concerns on the Informed Consent form?	
Have you listed all current medications on the Informed Consent form?	
Could you be or are you pregnant?	
Have you had a collapsed lung at any time in the past?	
Do you suffer from claustrophobia?	
Do you have a chronic lung disease?	
Do you suffer from frequent colds, flu, sinusitis or bronchitis?	
Do you suffer from asthma or severe attacks of hay fever or allergies?	
Have you undergone major chest surgery within the last two years?	
Do you suffer from panic attacks or similar behavioural/mental issues?	
Are you epileptic or prone to convulsions, seizures, blackouts, fainting etc?	
Are you diabetic?	
Are you undergoing cancer treatment?	
Are you being medically treated for alcoholism?	
Do you have any issues with your ears particularly when flying, have issues with balance or had ear surgery within the last two years?	
Do you have a pacemaker or any other implanted medical device?	
Do you wear a colostomy or ileostomy bag?	
Do you have angina, advanced heart disease, heart failure or have undergone heart surgery in the last two years?	
Do you take medication for or have high blood pressure?	
Do you take medication for or have high cholesterol?	
Do you take blood thinners?	
Do you have an untreated hernia or have undergone a hernia repair in the last six months?	
Do you have cataracts?	

My Signature.....

Date.....