Do you suffer with any of the following?		Comments
Thrombosis / Phlebitis / Embolism?	YES / NO	
High or low blood pressure?	YES / NO	
A Recent operation?	YES / NO	
A Recent head or neck injury?	YES / NO	
Any dysfunction of the nervous system?	YES / NO	
Epilepsy?	YES / NO	
Diabetes?	YES / NO	
Recent haemorrhage?	YES / NO	
Heart Condition or Heart Disease?	YES / NO	
Circulatory problems?	YES / NO	
Skin disorder or infection?	YES / NO	
Depression/ Stress / Anxiety?	YES / NO	
Allergies?	YES / NO	
Muscular Tension?	YES / NO	
Arthritis?	YES / NO	
Any Sinus, Ear or Eye problems?	YES / NO	
Migraine or Headaches?	YES / NO	
Osteoporosis?	YES / NO	
Are you Pregnant?	YES / NO	
Are you prone to fainting?	YES / NO	
Do you suffer with Asthma / breathing problems?	YES / NO	