THE SPA BRYNTEG ★★★★★ HOLIDAY HOME PARK

Health Questionnaire

Any information given is strictly confidential.
Please make sure all information is given accurate and truthfully

Title	
Surname	
Forename	
Address	
	Postcode
Mobile Number	
Occupation	
Date of birth	

Plot Number	
Are you an owner	Yes /No
If no please give details	

MEDICAL RECORD

Please give details if you have any of the following. Please mark all boxes.

Condition	Yes	No	If answered yes to any of the below please give details
Arthritis			
Cancer			
Diabetes			
Heart problems			
Skin Conditions			
Verruca / Warts			
Any operations in the last 3 years			
Allergies /sensitivities			
Are you pregnant			If so by how many weeks?

Are there any other medical conditions that we should be aware of before undertaking any treatments?

I confirm that all my answers have been given accurately & truthfully, and that all information will be treated confidentially

Signature _____ Date _____ Parents/Guardians Signature _____

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