

Health Questionnaire

(PLEASE COMPLETE ANY RELEVANT DETAILS)

My child's name

My child suffers from an allergy to

My child has asthma **YES** **NO**

If you have answered **YES** to this question, does your child have an inhaler and if so are they able to administer if needed? Please give details.

My child has a recent injury to

My child has neck problems due to

Please state any other injuries your child has suffered from or physical disabilities you feel are relevant to mention.

All information will be treated in the strictest confidence.

Email: carla@healthourfocus.com
Mobile: 07940 509910
Office: 020 86510879
Website: www.healthourfocus.com

