



9-10 OCTOBER 2021

# *Living, Breathing Anatomy*

*a biodynamic adventure into  
Dr. Sutherland's world.'*

## Medical History for BioBasics attendees

Name: \_\_\_\_\_

About me

I am a:

Student Osteopath at (college): \_\_\_\_\_ Year: \_\_\_\_\_

Registered osteopath, \_\_\_\_\_ years experience in using osteopathy in the cranial field

I have a history of:

- |   |   |  |                                  |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Diabetes I or II | <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Meningitis                  |                                  |
| <input type="checkbox"/> Epilepsy         | <input type="checkbox"/> Low blood pressure   | <input type="checkbox"/> Non-cranial physical trauma | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Head trauma      | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Other serious illness       |                                  |

Brief details of above: \_\_\_\_\_

\_\_\_\_\_

Have you had Covid? \_\_\_\_\_

When? \_\_\_\_\_ What treatment did you receive? \_\_\_\_\_

Have you had the vaccine for Covid? \_\_\_\_\_

Which one? \_\_\_\_\_ Have you had both jabs? \_\_\_\_\_

Tell us about any trauma or accidents you had in the past and when.

\_\_\_\_\_

Emergency contact details (please specify name and two numbers):

\_\_\_\_\_

I agree to this information will be shared with the BioBasics admin. team and my tutors at the event, I understand that it will otherwise be kept confidential.

I take full responsibility for my own safety and wellbeing at the BioBasics 2021 event, and understand that I am not obliged to participate in any practical session should I not feel safe or comfortable in doing so.

Signed/Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please say how you heard about BioBasics: \_\_\_\_\_