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:

☐ Diabetes I or II ☐ Heart Disease ☐ Meningitis

☐ Epilepsy ☐ Low blood pressure ☐ Non-cranial physical trauma ☐ Syncope

☐ Head trauma ☐ Mental health issues ☐ Other serious illness

Brief details of above: _____

_____

_____

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 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: _____

_____