

Apply Me! - Products Made To Order



Name: _____ Date Of Birth: _____
Address: _____
Tel No: _____ Mobile No: _____
Email Address: _____

Medical History/Medication

Are You Receiving Medical Treatment For Any Of The Following:-

- Heart Condition-
- Diabetes-
- Circulatory Problems-
- Inflamed Tendons/ Joints
- Could You Possibly Be Pregnant?

General Health

Do you suffer with any of the following:-

- Skin Complaints-
- Muscle or Joint Complaints-
- Asthma, Sore Throat, Hay fever-
- Digestive Complaints-
- Urinary Problems-
- Headaches or Migraines - if so how often?
- Allergies-Any Recent Accidents Or Illnesses-

Any Other Medical Information That Is Not Listed Above:-

The Condition You Would Like To Treat- Please give some details of previous treatments already tried and any other information that you feel may be relevant/ helpful (**continue overleaf if needed**):-

Return To; -T. Dadd, Apply Me!, The Thatch, Vicarage Lane, Mundon, Essex, CM9 6PA.