

## Health History Form



It is important that I am aware of your health history so that you can take part in my class in a safe and effective way. I am the only person who has access to this information, and this form will be stored safely and securely. Your contact details will be in my private database, which is password protected and accessed only by myself.

Please complete the following questionnaire about your past and present state of health:

**(All information is confidential)**

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

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred mode of contact: \_\_\_\_\_  
Email / Mobile..Text / Landline / Messenger / Facebook

Do you have or have you suffered from any of the following.

**Please outline in full on the reverse of the form.**

- 1) Physical Disability? ..... ( )
- 2) Hypertension or raised blood pressure? ..... ( )
- 3) Conditions associated with heart disease?..... ( )
- 4) Do you have an irregular heartbeat?..... ( )
- 5) Family history of heart problems?..... ( )
- 6) Epilepsy or respiratory problems? ..... ( )
- 7) Diabetes? ..... ( )
- 8) Back problems? ..... ( )
- 9) Arthritis or stiffness of the joints? ..... ( )
- 10) Past injuries? Detail on reverse ..... ( )
- 11) Have you had surgery in the past year? ..... ( )
- 12) Are you taking any medication that might affect you during exercise?..... ( )
- 13) Are you planning to be or have you recently been pregnant?..... ( )
- 14) Do you suffer from stress - in what way? ..... ( )
- 15) Do you have any other medical conditions or past illness not previously mentioned? .... ( )
- 16) Do you smoke? ..... ( )
- 17) Condition of pelvic floor? (Usually females only, score out of '10')..... ( )

Continued overleaf

### **Client's Formal Declaration**

I confirm that I have / have not sought advice from my GP/ Physiotherapist before commencing this exercise programme and have revealed, to the best of my knowledge, anything which may affect me as a result of exercise. If I choose not to consult my GP, I do so at my own risk.

I declare that I have completed this questionnaire fully and honestly. I will inform you if there are any changes in my circumstances. I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation.

I consent to you holding this information and contacting me if necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_