

Preferred First Name:.....

Surname:.....

Date of Birth dd/mm/yy: \_\_ / \_\_ / \_\_

Address:.....

.....

Postcode:.....

Tel (Home):.....Tel (Work):.....

Fax:.....Mobile:.....

Email:.....

Occupation:.....

<b>Please answer the following Questions and sign below:</b>		<b>Yes</b>	<b>No</b>
1.	Has your doctor ever said you have heart trouble?		
2.	Have you ever had pains in your chest?		
3.	Do you often feel faint or have spells of dizziness?		
4.	Has a doctor said your blood pressure is too high?		
5.	Has a doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?		
6.	Have you been in hospital in the last 3 years?		
7.	Are you currently taking any medication?		
8.	Are you Pre/Post natal?		
9.	Do you suffer from asthma, or breathing difficulties?		
10.	Do you suffer from diabetes or epilepsy?		
11.	Do you suffer from an allergy?		
12.	If 'Yes' what medication do you take?		
13.	Is there a good physical reason not mentioned here why you should not follow an activity programme?		

### **If you have answered 'Yes' to one or more questions.....**

If you have not recently done so, consult with your doctor before increasing your physical activity and tell your doctor which questions you answered yes to.

**If in any doubt, seek your doctor's advice as to your suitability for unrestricted physical activity that progresses gradually.**

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**How would you describe your current level of fitness?: (please tick)**

- Very fit
  - Fit
  - Average
  - Unfit
  - None at all
- 

## **Informed Consent - Liability Waiver**

**Signature:**.....

**Date:**.....

**Print name:**.....

Now bring this form along with you to your first free session.  
We look forward to you joining up.