Confidential Health Medical Consultation Form

Name:…… M/F
Date of birth: …… Age:……. Occupation/exercise:……..
Address:…… Tel/Mobile:……
…… Emergency contact name & tel:
……..
Email:…….. ……
.

Please answer each of the following questions honestly by ticking Yes or No

Section A	**Yes**	**No**
Has your doctor ever said that you have a heart condition and that you should only do physical activities recommended by a doctor?	☐	☐
Do you feel pain in your chest when you do physical activity?	☐	☐
In the past month, have you had chest pain when you were not doing physical activity?	☐	☐
Do you lose your balance because of dizziness or do you ever lose consciousness?	☐	☐
Do you have a bone or joint problem that could be aggravated by a change in physical activity?	☐	☐
Has a doctor ever recommended you medication for blood pressure or a heart condition?	☐	☐
Have you given birth in the last six months?	☐	☐
Do you know of any other reason why you should not do physical activity?	☐	☐

If you have answered 'Yes' to any question, we recommend that you visit your doctor before starting any exercise.

Section B	**Yes**	**No**	**(if Yes, please give details)**
Are you under any medical supervision?	☐	☐	
Are you taking any medication?	☐	☐	
Have you had any operation in the last 12 months?	☐	☐	
Have you had any vaccinations recently?	☐	☐	
Have you had any recent accident/injury?	☐	☐	

Section C			
Do you suffer from any of the following:	**Yes**	**No**	**(if Yes, please give details)**
Circulatory/respiratory problems?	☐	☐	
High/low blood pressure?	☐	☐	
Diabetes?	☐	☐	
Epilepsy?	☐	☐	
Varicose veins?	☐	☐	
Haemophilia?	☐	☐	
Allergies, medical or other?	☐	☐	
Fluid retention?	☐	☐	
Have or had cancer?	☐	☐	
Do you smoke?	☐	☐	
Are you pregnant?	☐	☐	How many months ……
Do you drink more than the average weekly amount of alcohol? *(21 units for men 14 units for women)*	☐	☐	

Current training intensity (circle one) Easy Moderate High

Any health concerns not mentioned or information you wish to give? ☐ ☐ ……
……

Section E
Responsibility for your health
Although these questions are designed to assist in advising you about the safety of exercise, you are reminded that we cannot be held responsible for your health. It is your responsibility to consult with your doctor if you are in any doubt about the safety of exercise, risk known or unknown whilst might incur as a result of participating in the program. Please inform us immediately of any changes to your current health status.

Signed:…… Dated:……

Telephone: 07876658628