Please complete the following questions to the best of your knowledge clearly in CAPITAL LETTERS or ‘circle/delete’ where appropriate. Make sure that you both sign and date the form when complete and return via email or post. Your personal details will be always kept in the strictest confidence and in accordance of GDPR.

Name: Date of Birth:

Address and Post Code:

Mobile/Telephone No:

Email Address:

Name and Address of your Doctor:

Next of Kin Name and Contact Number:

Please circle the relevant answer for all questions below:

Do you have high or low blood pressure? Yes No

Do you have a diagnosed heart condition? Yes No

Do you have asthma? Yes No

Have you had any operations in the last five years that affects your ability to exercise? Yes No

Have you recently had an illness from which you are still recovering from? Yes No

Have you ever fractured any bones or injured any joints which affect your ability to exercise? Yes No

Have you ever been diagnosed with epilepsy or diabetes? Yes No

Do you have a disability/long term limiting medical condition? Yes No

Are you currently taking any medication? Yes No

If yes please list in the space below.

If you have answered yes to any of the questions above please state your condition and how it affects your ability to exercise below.

Additional Medical and Health Information:

How many falls have you had in the last year?

Do you use a walking aid to mobilise either inside or outside the house?

Can you stand unsupported for a minute?

If you have any concerns and would like a one to one assessment before joining the group then please get in touch with Houlbrook Physiotherapy on 07840130956.

I have read and understood the contents of this form and all the information I have given is true to the best of my knowledge. I will notify accordingly of any changes in the future. I have listed all illnesses, injuries & medical disorders.

Signed: Date: