

# Client Consultation Fitness Questionnaire



Name:			
Address:			
Tel (home):	Tel (other):		
Email address: (Strictly for our use only. Leave blank if you prefer not to receive occasional news updates.)			
Date of birth:	Occupation:		
Doctor: Address:	Doctor's tel:		
Reason for consultation:			
Referred by:			
Medication being taken:			
Are you pregnant, or were you during past four months:			
Have you now, or have you had within the past year, any of the following? (please tick all that apply)			
High blood pressure	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	Varicose veins	<input type="checkbox"/>
Heart problems	<input checked="" type="checkbox"/>	Thrombosis	<input type="checkbox"/>
Difficulty with exercise	<input type="checkbox"/>	Phlebitis	<input type="checkbox"/>
Back disorder	<input type="checkbox"/>	Muscular problems	<input type="checkbox"/>
Joint pain/arthritis	<input type="checkbox"/>	Nervous system disorders	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
Breathing difficulties	<input type="checkbox"/>	Metal pins/plates	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>		

Clarification of any of the problems ticked overleaf:

Any other problems you feel we should know about?

Personal goals:

Exercise and hobbies:

Injury history:

Results of fitness assessment:

## Consent for Exercise Participation



I understand that the purpose of this programme is to provide safe and individualised exercise. The activities are designed to place a gradually increasing workload on the body, and thereby improve its function.

The reaction of the body to exercise cannot always be predicted with complete accuracy. There is a potential risk of certain changes that might occur during or following exercise. These changes could be related to blood pressure, heart rate and muscle soreness. I understand that I am responsible for monitoring my own condition throughout the exercise programme and that should any unusual symptom occur, I will cease my participation and inform the instructor of these symptoms.

I understand that a programme of regular exercise has shown to be beneficial. Some of these benefits may include:

- A stronger back and a flatter stomach
- Improved posture and muscle tone
- Relief of back, neck and joint pain
- Rehabilitation following accident or illness
- Improved muscular strength, endurance and flexibility
- Improved psychological function.

By signing this consent form, I confirm that I have read this form in its entirety, that I understand the nature of the exercise programme and that my questions regarding the exercise programme have been answered to my satisfaction. I understand that I am free to withdraw from the programme at any time.

My signature also confirms that **the information I have supplied is accurate and complete, to the best of my knowledge.**

Signature of participant: ..... Date: .....

Signature of witness: ..... Date: .....

