

YOUR MEDICAL PROFILE

Title _____ Full Name _____ D.O.B. _____ Sex: M / F

Home Address _____ Phone No. (H) _____

_____ Post Code _____ Phone No. (W) _____

Doctor's Name and Address _____

_____ Post Code _____

FAMILY HISTORY	ILLNESS(ES)	CAUSE OF DEATH & AGE AT DEATH (if applicable)
Father		
Mother		

Do you suffer from any medical illness or are you pregnant?
(Particularly Heart Disease, High Blood Pressure, Diabetes,
Epilepsy, Asthma)

Do you suffer from any form of Arthritis? YES NO

Please tick:

Osteoarthritis Rheumatoid Arthritis

Other _____

Surgical Operations _____

Have you ever had a joint replacement? YES NO

If yes, date: _____

Details: _____

Injuries and Accidents _____

Do you have a physical disability that requires you to use a walking aid, eg
walking stick, crutches, wheelchair?

Medication (and dosage) _____

Less than 12 months ago Approx. 2 years ago

In the last 2-5 years More than 5 years ago

Never

Have you ever sustained a major injury as a result of playing sport?

If yes, Date: 19 _____ 2000

Details: _____

Allergies: _____

Smoker (and quantity) YES NO

Ex-Smoker YES NO

When did you quit? _____

Amount per day when you quit? _____

Symptoms (currently experienced)

Chest Pain YES NO

Breathlessness YES NO

Cough YES NO

Palpitations YES NO

Dizziness YES NO

Faints, fits or funny turns YES NO

Fatigue YES NO

Pain - Back YES NO

- Neck YES NO

- Joints YES NO

- Other YES NO

When did you last undergo a complete physical examination by a
medial practitioner? Please tick:

1. If you ticked yes to any of the above, please give details of conditions, medications and approximate date cleared:

Sign below to confirm that you have cleared the above condition with your doctor.

Condition cleared (signed by you): _____

Date: _____

OR

2. If you have not cleared this with your doctor, please take this form to your doctor for his/her signature and clearance to exercise before starting any exercise program.

Condition cleared (signed by doctor): _____

Date: _____



CLIENT INFORMATION AND CONSENT FORM

We would be grateful if you could please enter your personal details in the space provided and then read and sign the subsequent declaration of consent to take part in the exercise classes/fitness training with Natural High Health and Fitness (**Natural High**):

Name:

Address:

.....

Email:

Phone number:

Declaration of Consent

I am aware that my involvement in the exercise classes/fitness training with Natural High is completely voluntary. I am also aware that I may stop any exercise or program prescription at any time because of fatigue, discomfort or for any other reason.

I understand that it is my responsibility to inform the instructor, on a class to class basis, of any past or present physical conditions that may inhibit me or prevent me from doing certain exercises. I also understand that it is my responsibility to rest if I am tired or to come out of an exercise if I have pain and that I should stop exercising immediately if I feel any unusual chest pains, shortness or breath or sweating, or if feeling light headed or nauseous.

In addition, I understand that the instructor may physically adjust me to make sure that an exercise is performed safely and effectively and that I am free to decline an adjustment. I may also indicate that I do not want to be adjusted before the class.

I understand that I should always be adequately hydrated before a class and that I should allow 3 hours to digest a big meal and 1-2 hours for a snack before training.

I also understand that although the instructors at Natural High are fully qualified and will take the utmost care in exercise prescription and supervision, there still exists a possibility that certain physiological changes may occur during or following exercise that cannot always be predicted. These abnormal reactions and changes include:

- (a) abnormalities of blood pressure;
- (b) ineffective functioning of the heart;
- (c) heart rate abnormalities; and
- (d) in rare instances heart attack or stroke.

In addition, I understand that if I am not warmed-up adequately exercises can possibly lead to musculoskeletal pain, strain and injury.

I consent to participate in the exercise classes/fitness training with Natural High and I withdraw my right to make any claim of any kind whatsoever against Natural High or the instructors that may conduct the exercise classes/fitness training for Natural High, for any injury, illness or adverse change in my medical condition or state of health or any other loss, claim or damage arising directly, or indirectly, from the training or advice I receive from Natural High or the instructors, before, during or after the exercise classes/fitness training. I also agree to indemnify Natural High and the instructors against any cost, liability, loss, damage or claim suffered or brought against Natural High or the instructors arising out of or in any way in connection with my participation in the exercise classes/fitness training, howsoever that loss or damage is caused.

Signature of client: Date:

Signature of instructor: Date: