

Soulfull Yoga And Fitness

Health, Wellness , Yoga and Personal Training
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Pre Exercise Screening and Medical History

All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

Name: Date of Birth:
Telephone number/ Mobile: Home:
Address: Email:
Postcode: Emergency contact name and telephone no

Medical History

The following information is required to ensure your safety. Whilst the majority of people may practise exercising safely, there are certain conditions, which require special attention. If you are unsure please consult your GP before commencing any exercise program. Please tick the boxes below if you have any of the following medical conditions.

Do you have a history of or have any of the following medical conditions? (Please check all that apply)

Cancer ☐ Chest pains ☐ Stroke ☐ Diabetes ☐ Asthma ☐ High Blood Pressure ☐ Low Blood Pressure ☐ Seizure Disorder ☐
☐ Multiple Sclerosis ☐ Hormone Imbalance ☐ Thyroid Imbalance ☐ Blood Clotting ☐ Liver / Kidney infection ☐
Varicose veins ☐ Asthma ☐ Diabetes ☐ Auto-immune disorder (e.g. M.E. M.S. Lupus etc) ☐ Epilepsy anxiety/depression ☐
☐ Sensory disorder affecting eyes or ears ☐ Balance affecting disorder ☐ other (to be discussed) ☐

If yes, please provide details

Have you in the past or recently had any of the following?

Abdominal disorder or recent surgery ☐ Back pain (if known cause please state) ☐ Knee problems ☐ Hip problems ☐

Have you ever injured any of the following areas of your body?

Head ☐ Neck ☐ Shoulders ☐ Arms ☐ Hands / Wrists ☐ Back ☐ Torso ☐ Upper legs ☐ Lower legs ☐ Knees ☐ Ankles/ feet ☐

If yes, please provide details

Have you ever had severe dizzy spells or episodes of fainting?

Yes ☐ No ☐

If yes, please provide details

Have you ever experienced palpitations or irregular heartbeats?

Yes ☐ No ☐

If yes, please provide details

Do you ever get unusually short of breath with very light exertion?

Yes ☐ No ☐

Do you ever have pain, pressure, heaviness or tightness in the chest area?

Yes ☐ No ☐

Do you regularly have unexplained pain in the abdomen, shoulders or arm?

Yes ☐ No ☐

Have you had any recent operations (in the last two years)?

Yes ☐ No ☐

If yes, please advise what the operation was.

Are you currently taking any oral medication, tablets, pills etc?

Yes [] No []

If yes, please provide details Including Contraception or hormone therapy.....

Are you /could you be, pregnant, or have you given birth in the last six weeks?

Yes [] No []

Do you have any old injuries that still trouble you? Or any other

Medical conditions not covered above that might be adversely affected by exercise?

Yes [] No []

If yes, please provide details.

Are you receiving treatment for any diagnosed medical condition?

Yes [] No []

If yes, please provide details.

Are you currently receiving any therapy or treatment such as a chiropractor or Osteopath?

Yes [] No []

If yes, please provide details.

Do you smoke?

Yes [] No []

DECLARATION

Please tick this box if you do not wish to declare medical information

☐

I have read, understood and accurately completed this questionnaire. I confirm the above information is correct. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

I confirm the above information is correct. I understand that it is my responsibility to: -

- Check with my Doctor if I have any difficulties or concerns about my ability to participate in
- Advise the my Trainer/Teacher of any change in my medical information
- Follow the advice given by my doctor and/or Trainer/Teacher

Name (please print) Signed..... Date

Please note

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active to clarify that it is safe for you to become physically active at this current time and in your current state of health or BEFORE you have a fitness appraisal.

You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.

Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated.

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Name (please print) Signed..... Date