



# Medical Questionnaire

Client Information and Consent

Name

Email       DOB

Address

Phone       Post code

PLEASE READ AND ANSWER CORRECTLY. IF YOU DO NOT UNDERSTAND THE QUESTION, PLEASE ASK BEFORE YOU SIGN.

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 1. Have you ever been diagnosed with a heart condition or been recommended only medically supervised activities to you? | <input type="radio"/> | <input type="radio"/> |
| 2. Do you have chest pain brought on by physical activity?  | <input type="radio"/> | <input type="radio"/> |
| 3. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?                        | <input type="radio"/> | <input type="radio"/> |
| 4. Do you have a bone or joint problem that could be aggravated by physical activity?                                   | <input type="radio"/> | <input type="radio"/> |
| 5. Has a doctor recommended medication for blood pressure or a heart condition?   | <input type="radio"/> | <input type="radio"/> |
| 6. Are you aware or by doctors advice, of any other physical reason that would prohibit you from exercising safely?     | <input type="radio"/> | <input type="radio"/> |
| 7. Are you or could you be pregnant?  | <input type="radio"/> | <input type="radio"/> |
| 8. Please give details of any other medical condition you have that may effect your ability to exercise.                | <input type="radio"/> | <input type="radio"/> |

How did you hear about us?

What is your main reason for attending? (e.g weight loss, stress)

I hereby state that I have read, understood and answered honestly the questions above. Any statements made by me in answering this questionnaire is true and accurate. I also state that I wish to participate in this class. I hereby confirm that I am voluntarily engaging in a suitable level of exercise given my knowledge of my health and taking into account any medical advice I have received. Should I have any change to my medical condition it is my responsibility to notify Peace and Purpose Yoga prior to my practice.

Signature

Date

