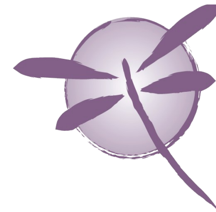
Eastern Suburbs ***Physio Fit***



PRE-EXERCISE SCREENING FORM

NAME:...…...........................
SURNAME FIRST NAME

AGE:..........................D.O.B:____/____/____ OCCUPATION..

ADDRESS:...

....POSTCODE:...........................…....

PHONE: HOME...MOBILE..…..

E-MAIL………………..

DOCTOR'S NAME:...…......DOCTOR'S PHONE:......................................…....

Are you on any prescribed medication? yes / no. Please name them:..

....

…..

Have you ever had surgery or been hospitalised for a serious illness? yes / no. Please explain:

....

Have you had any serious illness in the last 2 years? yes / no. Please describe:...............................

....

Have you had ANY falls or slips in the last 2 years resulting in pain or injury? yes / no. Please describe any injury:...

....

DO YOU HAVE or HAVE YOU EVER HAD? (Please circle)

High blood pressure.....................	yes / no	High cholesterol / triglycerides...............	yes / no
Stroke.......................................	yes / no	Osteoporosis.…………………..............	yes / no
Diabetes......................................	yes / no	Hernia...	yes / no
Any heart condition......................	yes / no	Epilepsy..	yes / no
Glandular or rheumatic Fever......	yes / no	Asthma or other respiratory condition.......	yes / no
Arthritis...	yes / no	Any broken bones.................................	yes / no
Cancer...	yes / no	Which bones?..	
Where?…...			

Kim Gerber B.App.Sc.(Physio) M.App.Sc. (ESS)
Physiotherapist, Pilates Instructor Fitness Instructor

0409 566 177
www.physiofit.com.au
163 Robey Street Maroubra 2035

DO YOU HAVE? (Please circle)	
Pacemaker..	yes / no
Hearing Aid..	yes / no
Any Joint replacements………..	yes / no
If Yes, describe:	
Do you currently suffer from any muscle, joint or bone problems?	yes / no
If Yes, describe:	
Are there any other medical or neurological conditions which may limit your physical capacity?	yes / no
If Yes, describe:	
Do you participate in any regular physical activity or sport?	yes / no
If Yes, describe:	

PLEASE READ THEN SIGN THE STATEMENT OF CONSENT:

1. I understand and accept that exercise carries some risk of injury.I know of no medical problems, other than those mentioned above, that will increase my risk of injury.	yes / no
2. I understand that the instructor is not able to provide me with medical advice regarding my medical fitness. The information I have supplied is used as a guide only to the limitations of my ability to exercise.	yes / no
3. If any medical or physical condition arises during the year which might influence my ability to participate in these classes, I shall inform the instructor. I understand that I may be required to receive medical clearance again before recommencing exercise classes.	yes / no
4. I have received clearance from my medical practitioner to participate in these exercises.	yes / no
5. If you answered **No** to question 4,do you intend to seek clearance from your medical practitioner to participate in this exercise?	yes / no

CLIENT NAME **(PLEASE PRINT)**…..

CLIENT SIGNATURE:…...

DATE…..

NAME OF CONTACT IN CASE OF EMERGENCY **(PLEASE PRINT):**...

RELATIONSHIP TO CLIENT:...

PHONE NUMBER FOR EMERGENCY CONTACT:...

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