



NAME:
ADDRESS:

MOBILE TEL NO:

EMAIL ADDRESS:

D.O.B:

OCCUPATION:

EMERGENCY CONTACT NUMBER:

GDPR: Are you happy to be contacted via the following methods about any special offers/updates and with newsletters:

Email: Yes/ No.

Home Telephone: Yes/ No

Mobile Telephone: Yes/No

Messenger: Yes/No

WhatsApp: Yes/No

Text Message: Yes/No

MEDICAL QUESTIONNAIRE:

Contra-indications

Please give details (include dates if necessary and feel free to use the back of the page)

Do you currently have, or have you ever had any of the following conditions?

Health condition	Yes/N	Health condition	Yes/N
	o		o
Asthma		Heart problems (strokes arrhythmias ,pacemakers etc) Give details please on page 2	
Anaemia		Headaches	
Back/Neck problems		Osteoporosis	
Bad knee/hips		Visual/hearing problems	
Blood Pressure (H/L)		Breathing problems	
Depression		M.E/lack of energy	

Diabetes

PMS/Menopause

Balance Problems

Digestive disorders

Allergies

Mental/emotional disorders

Arthritis

Weight problems

Epilepsy

Poor Circulation

Stress

Other (please specify)

Have you had any form of injury, physical disability or recent operation?

Are you taking any medication? **If so, please give brief details:**

(WOMEN only) Are you pregnant?

If yes, for how long and have you experienced or are you experiencing any difficulties:

Have you ever done exercise before?

If yes, for how long and what type ?:

Is there anything else you think I should know?

What do you hope to achieve by coming to a regular exercise class?

This information will be kept securely and is confidential. If your health changes during the course of the classes, please keep me informed.

Please note:

1. During a Holmfirth Wellness class there may be some very light hands-on adjustment. Please do advise me if this is not appropriate for you.
2. Avoid doing exercise on a full stomach, or a completely empty one.
3. Drink plenty of water during and after a class.
4. If you feel pain, shortness of breath or discomfort, keep our feet moving gently and I will come and give you advice.

Please read carefully and sign the following disclaimer:

1. I have declared on this form all relevant information regarding my health.
2. I will inform Michelle Bland promptly if there are relevant changes to my health, if I become pregnant, or if I feel any pain or discomfort during a class.
3. I understand that I take part in this class at my own risk, and that Michelle Bland accepts no liability for any damages or injuries.

Signature:

Print name:

Date:

****If you are submitting electronically, the e-mailing of the form constitutes your personal certification that the details are correct.***

