

**Telephone  
number:****Name:****email:****Address:****Date of Birth:**

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**If you answer **Yes** to any of the following questions please give details on the reverse**

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| Has a doctor ever said you have heart disease, high blood pressure or any other cardiovascular problems?                 | Yes / No |
| Is there a history of heart disease in your family?  | Yes / No |
| Do you get chest pain, especially when you exercise?   | Yes / No |
| Do you suffer from, or have a family history of arthritis?   | Yes / No |
| Do you suffer from, or have a history of osteoporosis?   | Yes / No |
| Do you suffer from any allergies or asthma?  | Yes / No |
| If so, do you use an inhaler or take antihistamines?   | Yes / No |
| Do you often feel faint or dizzy and if so is it made worse by exercise?   | Yes / No |
| Are you or have you recently been pregnant?  | Yes / No |
| Have you ever had either abdominal or joint related surgery?   | Yes / No |
| Are you taking any drugs / medication at the moment or are you recuperating from a recent illness or operation?          | Yes / No |
| Do you have any other medical condition that may affect your ability to exercise?  | Yes / No |
| Do you suffer from pain or limited movement in any joints?   | Yes / No |
| Have you ever had an injury that required musculo-skeletal therapy (e.g. Physiotherapy)?                                 | Yes / No |
| Are you currently under the care of a manipulative or physical therapist (Chiropractor, Osteopath, Physiotherapist etc)? | Yes / No |
| If so have you told them that you are attending the Bristol Movement Space?  | Yes / No |

**Declaration**

I have answered these questions to the best of my belief and know of no other reason why I should not undertake a course of exercise. I will inform my teacher if my medical condition changes in the future.

Signed.....Date.....