

MEDICAL QUESTIONNAIRE & CONSENT

Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Details (phone): _____

Past History

Have you ever had any of the following? If so, when?

Condition	Date
Rheumatic fever	
High cholesterol	
High blood pressure	
Any heart trouble	
Disease of the arteries	
Varicose veins	
Lung disease	
Operations	
Injuries (back, joints, ankles etc)	
Diabetes	
Epilepsy	
Asthma	

Further Explanation _____

Family History

Have any of your relatives had any of the following?

Condition	Relative	Age
Heart attack		
Congenital heart disease		
High blood pressure		
Heart operations		
High cholesterol		
Diabetes		
Other		

Present Symptoms Review

Have you recently had any of the following? If so, when?

Symptom	Explanation
Chest pain	
Coughing of blood	
Shortness of breath	
Back pain	
Heart palpitations	
Swollen, stiff or painful joints	

Medications

Are you currently taking any medications? Yes No

If yes, what medication are you taking?

What is this medication for?

Diet

Are you currently eating less food in order to lose weight? Yes No

If yes, what foods have you been cutting out?

Exercise History

Do you engage in regular exercise or physical activity? Yes No

If yes, please specify:

Sport/ Exercise/Activity	Intensity	Frequency per week

Have you ever been told not to exercise? Yes No

If yes, please provide further explanation.

Where did you hear about Foundations Performance & Rehab?

Facebook

Word of mouth

Instagram

Previous client

Twitter

Referral

Other form of social media

Who: _____

1. Purpose and Explanation of Training

I hereby consent to voluntarily engaging in acceptable physical exercise as determined by a qualified coach/exercise physiologist. I will be given exact instructions regarding the physical activity I will be undertaking. Dependent upon my health status, I may or may not be required to gain a doctors consent to participate in physical activity in order to regulate exercise to be within my personal limits. I understand that if I am taking prescribed medications, I have already informed staff and further agree to inform them promptly of any changes which my doctor or I have made in regard to these. I understand I will always be given the opportunity to undertake physical assessments with a coach/exercise physiologist at my own or their discretion.

I have been informed that during my participation in physical activity with Foundations Performance & Rehab, I will be given physical activities to complete unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise immediately and that it is my obligation to alert the coach/exercise physiologist of my symptoms, should any develop.

I also understand that during the performance of my physical activity program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

2. Risks

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, bones, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before undertaking physical exercise, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. Benefits to be expected and alternatives available to exercise

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the physical activity sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities and how to address these limitations appropriately. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months.

4. Confidentiality and use of information

I have been informed that the information which is obtained in this medical questionnaire and informed consent will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

5. Social Media

I grant permission to Foundations Performance & Rehab to use my image on the Foundations Performance & Rehab Web site, Instagram account (@Foundationsperformance), and Facebook account.

I hereby release Foundations Performance & Rehab and its employees/ subcontractors from, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of my image or any rights therein.

6. Inquiries and freedom of consent

I have been given an opportunity and will continue to be able to ask questions about any training or procedures I undertake or am offered during my time with Foundations Performance & Rehab.

I have read this Medical Questionnaire and Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Participants Signature

Participants Name

Date
