

Your details

Client Name: _____ Date of Birth: _____
Address: _____
Postcode: _____
Home tel: _____ Work tel: _____ Mobile: _____
Email: _____ Gender: _____
GP Name & Address: _____
Please state how you heard of this Tai Chi Class: _____

Past Medical History

Have you experienced any of the following. If yes please give more details below:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	A. Have you had any surgery? Please specify: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	B. Have you had low back pain? Please specify no.of episodes and when: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	C. Have you had pelvic pain? Please specify: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	D. Have you had any hip/knee problems? Please specify: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	E. Have you had any foot/ankle problems? Please specify: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	F. Have you had any neck pain? Please specify: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	G. Have you had any shoulder/elbow/wrist problems? Please specify: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	H. Have you had any muscle/tendon injuries? Please specify: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	I. Are you hypermobile?
<input type="checkbox"/>	<input type="checkbox"/>	J. Is there any other condition your instructor should be aware of? _____ _____

Please circle any of the following conditions that you have been diagnosed with or have had treatment for.

- | | | | |
|----------|-------------------------|----------------|----------|
| Asthma | High/Low blood pressure | Heart problems | Epilepsy |
| Diabetes | Osteoporosis | Cancer | Stroke |

Further details: _____

Current Medical History

Are you experiencing pain or discomfort presently please answer the following questions. If pain free please sign the bottom.

A. Where is your discomfort/pain

.....
.....

B. When and why did it start?

.....
.....

C. On a scale of 0-10 (0= no pain, 10= worst pain). What score is your pain today?

.....

D. *Please circle:* Is the pain **generally improving** / **staying the same** / **getting worse**?

E. What specific movements/positions make it worse?

.....
.....
.....

F. What specific movements/positions make it better?

.....
.....

G. Are you taking pain killers for it daily?

.....

H. Please provide details of your therapist and their occupation

.....
.....

I. Do you give permission for them to be contacted to discuss your treatment?

Yes No

Tai Chi participation informed consent

We may stop the exercise session because of signs of fatigue or excessive strain. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort.

There exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm and in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising.

I know that there are no medical reasons why I should not participate in this class or course. I understand if I do have any medical reasons why I should not participate in this class, then it is my responsibility to obtain clearance from my doctor before commencing. I have read the above and agree to abide by the guidelines

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

Signed:

Date:

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