

Initial Health Questionnaire

Please carefully complete both sides of this form. The information is kept confidential, and will be used with your individual goals and needs in mind.

Personal Details

Name: _____ Birthdate: _____ Gender: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Email: _____

Mobile: _____ Doctor's Name: _____

Please list any medications & / or supplements you are currently taking:

Referred by: _____

Informed Consent / Waiver of Liability

I understand that all due care will be taken by Tensegrity Studio regarding my exercise program. I also understand that the above information is confidential and to be used as a guideline to the limitations of my ability to exercise. I will not hold Tensegrity Studio liable in any way for any injuries that may occur during or after my participation in the exercise program.

Signature

Date



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Medical History

Age: _____

Number of children: _____

Please answer the questions below and briefly explain "yes" answers in the lined space below.

<i>Do you now or have you had in the past:</i>	<i>No</i>	<i>Yes</i>
Any chronic illnesses/conditions (migraine, epilepsy, allergies, etc)		
Advice from Doctor not to exercise		
History of breathing or lung problems (asthma, etc)		
Smoke cigarettes		
Difficulties with pregnancy or birth		
Major illness during school years (eg. glandular fever)		
Family history of heart problems		
High/low blood pressure		
Increased blood cholesterol		
Diabetes or thyroid condition		
Wear/have worn orthotics or any type of brace		
Family history of arthritis		
Do you exercise regularly?		
Are you currently pregnant?		

List history of injury / operations / accidents:

Please outline the type of work you are currently engaged in or are trained to do.

Area of pain: (if appropriate)

Worries / concerns: (include physical or mental health concerns)

Goals / needs:

