**Keep Well Sessions**

Thank you for your interest in joining the Keep Well Scheme with supervised exercise alongside existing Club Members.

**1.** **Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of birth |  |
| Address: |  |
|  |  |
|  |  |
| Tel: |  |
| Email: |  |

**2.**

|  |
| --- |
| **Relevant Medical Details** |
|  | **Yes/No** | **Date diagnosed** | **Comments** |
| Angina |  |  |  |
| Heart Failure |  |  |  |
| Valve Heart Disease |  |  |  |
| Stroke/TIA |  |  |  |
| Rhythm Disturbance |  |  |  |
| Pacemaker |  |  |  |
| Diabetes |  |  |  |
| Lung Disease |  |  |  |
| Mobility |  |  |  |
| Other (please specify) |  |  |  |

**3.** **Current Medication**:

**4. Disclaimer:** I hereby confirm that the information supplied is true to the best of my knowledge and I have disclosed accurate information relating to my medication and general health. I hereby give permission that if during my assessment a concern arises with my general health that this information can be referred to my GP and/or the appropriate medical specialist.

Sign Date