



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 of diagnosis	Comments
Angina			
Heart Failure			
Valve Heart Disease			
Hypertension			
Rhythm Disturbance			
Pacemaker			
Diabetes			
Respiratory Disease			
Stroke/TIA			
Poor Mobility			
Heart Attack/Stents/ Cardiac Surgery			
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 _____