



Keep Well Sessions – Self Referral

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: _____

How did you hear about Bournemouth Heart Club? _____

2.

Relevant Medical Details			
	Yes/N	Date diagnosed	Comments
Angina			
Heart Failure			
Heart Valve Disease			
Hypertension			
Rhythm Disturbance			
Pacemaker			
Heart Attack (Stent or Bypass)			
Diabetes			
Respiratory Disease			
Stroke/TIA			
Poor 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: _____