



# V VIBRATION HEALTH & MEDICAL QUESTIONNAIRE

Name:

Address:

Email:

Mobile Number:

Work Telephone:

Home Telephone:

## / MEDICAL AND MOVEMENT HISTORY

Please answer as comprehensively as possible. The more information you can provide regarding anything that may presently, or in the past, impacted on your body and movement patterns, the better overview we will have to provide a more comprehensive time with us.

Please remember that our bodies reflect our entire history from birth to the present day!

## / CURRENT MEDICAL HISTORY

Please answer 'yes' or 'no' to the following questions. Where your answer is 'yes' please give more details.

### Do you have any of the following

Diabetes?

If yes, please tick whether IDDM or NIDDM (diet or medication controlled)

YES  NO

If yes, are your glucose levels currently normal or under control?

YES  NO

High or low Blood pressure(BP)?

YES  NO

If high or low, do you use medication (including beta-blockers)?

YES  NO

Cardiac/heart problems?  YES  NO

If yes, have you had an exercise stress test?  YES  NO

Asthma or other breathing difficulties/issues?  YES  NO

If yes, is your condition stable?  YES  NO

Do you require regular medication during exercise?  YES  NO

Epilepsy?  YES  NO

If yes, are seizures stabilized with medication?  YES  NO

Do you suffer with digestive complaints (ie: ulcers/reflux/colitis etc)?  
or bowel/bladder dysfunction  YES  NO

Have you been diagnosed with osteopenia/osteoporosis?  YES  NO

Do you suffer from any bone/joint problems (ie: arthritis/rheumatism,  
including hyper-mobility)?  YES  NO

Have you been diagnosed with any form of cancer?  
If yes, where?  YES  NO

Do you have any present injury?  YES  NO

If so, have you been cleared to exercise by your doctor?  YES  NO

Have you had any problems with your vocal chords/ voice box/larynx,  
diagnosed or not?  YES  NO

**If Yes, please specify:**

## **/ PAST MEDICAL HISTORY**

Please answer 'yes' or 'no' to the following questions and provide a brief explanation in the space provided.

Have you been involved in any major accidents, including motoring accidents?  YES  NO

**If yes, please specify:**

Have you had any surgery?

YES  NO

If yes, please specify:

Have you had neck/spine/lower back issues or injuries?

YES  NO

If yes, please specify:

Have you had any joint problems/injuries?

YES  NO

If yes, please specify:

Have you had any other muscle/ligament/tendon problems/injuries?

YES  NO

If yes, please specify:

**Is there any other condition or disability not covered above that we should be aware of when working with you. Activities will include lying, sitting, bending, a certain amount of muscle strengthening and breathing exercises:**

## **/ PREGNANCY HISTORY**

Are you or could you be pregnant now?

YES  NO

If yes, please give due date:

Have you had any previous pregnancies?

YES  NO

If yes, please specify how many and give details if delivery was natural, by caesarian/forceps etc?

Have you had any episiotomies?

YES  NO

## **/ MOVEMENT HISTORY**

Please provide details of any exercise, movement or sports activities undertaken currently and/or practiced from childhood. Please include frequency:

Are you taking any medications not already mentioned in this questionnaire that may impact on your ability to exercise safely?

YES  NO

If yes, please give details:

Is there a history of ill health in your family ( heart disease, cancer, diabetes)?

YES

NO

If yes, please provide details:

## TERMS AND CONDITIONS

- The physical programme we provide is based upon sound teaching practice and the information you have provided about yourself when filling in this health & medical questionnaire.
- Therefore, please inform us about any change in your medical/health condition as soon as you become aware of it.
- When exercising you must follow the instructions of the instructor at all times.

**I declare that I have answered all questions provided truthfully, comprehensively and to the best of my ability. I accept the above terms and conditions and agree to abide by them.**

**Signed:**

**Date:**