

Information regarding my condition/ injury/ pregnancy:

Name: _____ Date of Birth: _____

Please take the time to give details below on your specific condition or issue. Please include all details, no matter how minor, as sometimes things that you may consider small can still help our team to best assist and support you throughout your stay at Azul.

Please use these points to help you give details:

1 For how long have you had the condition and what was the cause?

2 What types of movement, or body position cause the pain?

3 How would you rate your pain (if applicable) using a scale of 1-10. 1 Being the least amount and 10 being highest?

4 Is there any movement or treatment that makes the condition better?

5 Is there anything that has been deemed contraindicated by your health care professional? Please include any movement or dietary factors.

6 For pregnancy please list the trimester that you are in and any complications in this or previous pregnancies.

7 Are you currently taking any medications (prescription or non)?

Additional comments:

Is there anything else you wish to add or would like us to know regarding your issue or condition? (Please continue on back of sheet if necessary)

I am aware that my condition _____ (please list your condition) may limit some of the movements and exercises that I do, or amount of classes that I participate in.

I am aware that I must listen to my body and take responsibility for myself.

I acknowledge that I have been advised to take the advice of a professional health care practitioner. I am declaring myself fit and healthy to take part in exercise and take full responsibility for any issues that may arise from my participation. I have understood this form.

Signed: _____ Date: _____

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