



LONGSANDS REHABILITATION

Physiotherapy in your home

Email: physio@logsandsrehab.co.uk

Exercise class self-assessment

Name:	Address:
Telephone No:	Email address:
Contact in case of emergency	Name Phone number

Section 1	YES	NO
Have you ever had medical advice NOT to exercise?		
Has a health care professional ever told you that you have a heart condition?		
Do you feel pain in your chest when you do physical activity?		
Do you lose your balance because of dizziness?		
Do you ever lose consciousness?		
To your knowledge, have you ever had a stroke or mini stroke?		
Do you get breathless doing daily activities?		

If you have answered YES to any of these questions, please discuss with the health professional running the class. This is because some exercises may need to be adapted to meet your needs or may not be suitable for you.

Section 2	YES	NO
Do you have a respiratory (lung) condition? e.g. COPD, chronic bronchitis, asthma?		
Do you have diabetes, high blood pressure or epilepsy?		
Do you have a physical condition (bone, joint, muscular or neurological) that affects your ability to take part in physical activity? Such as osteoporosis, back pain, multiple sclerosis, chronic fatigue, arthritis, Parkinson's disease?		
Have you had surgery / an operation in the last 3 months?		
Have you had a fall in the last 12 months?		
Have you been admitted to hospital in the last 3 months?		
Do you take any medicines that you may need at the class? E.g. inhaler, GTN spray Please bring them with you to every class		

Please list all medications you take: (doses not required)

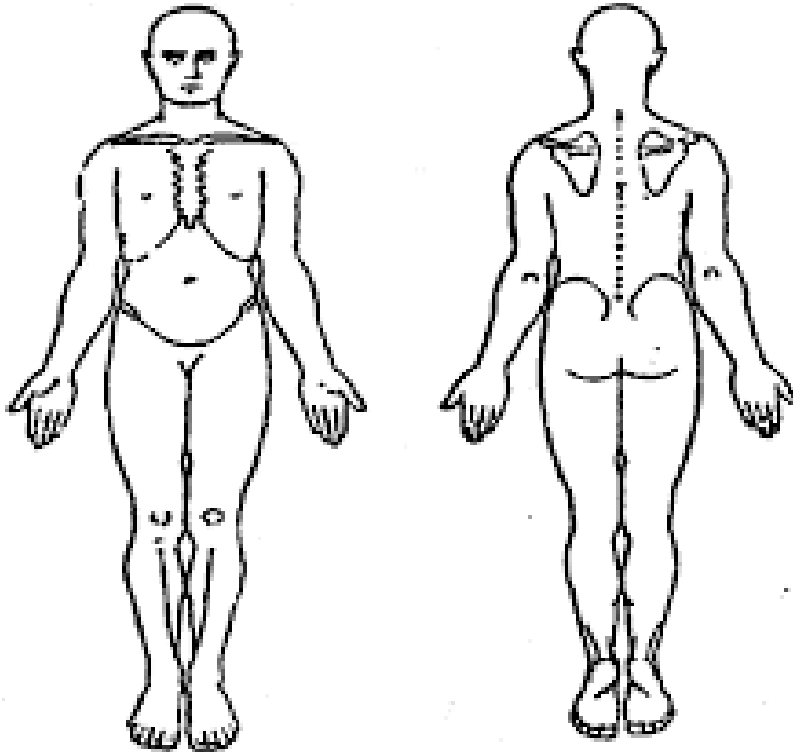
What are your **health and well-being goals** for the next 3 months?



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Please mark any areas of your body where you have pain or have had an injury, joint replacement or operation. You may be asked for further information about your symptoms so we can adapt exercises to meet your needs.



Declaration:

- The information I have given in sections 1 and 2 is correct, to the best of my knowledge
- I will not attend the class if I have any symptoms of Covid19 or been advised to self-isolate as per Government guidelines.
- I confirm that where any medical condition, discomfort or injury changes, or is affected when taking part in the class, I am responsible for informing the instructor straight away and for checking with my doctor or healthcare professional to ensure I am able to participate in this activity.
- I understand the personal information provided will be collected, stored securely and destroyed in accordance with GDPR. We will only use your personal data when the law allows us to. Most commonly, this will be for maintaining records in line with Professional Standards set by the Health and Care Professionals Council and to communicate information about Longsands Rehabilitation services.
- I am taking part in these classes voluntarily and entirely at my own risk

Please note that no liability is accepted for any loss of or damage to any articles, which you may bring with you to classes. Equally, liability is not accepted for loss of or damage to motor vehicles or their contents and these are left at the owner's risk.

Print name: _____

Signature: _____

Date : _____

JACQUELINE CLAYDON MCSP

CHARTERED PHYSIOTHERAPIST
Trauma and Orthopaedic Specialist