

**Exercise and socialise club**

Health and wellbeing client information

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| **Name:****I like to be called:** | **Emergency contact details****Name:** |
| **Address:** | **Relationship:** | **Telephone numbers****Mobile:****Home:** |
| **Address:** |
| **Telephone numbers****Mobile:****Home:** | **How would you describe your mobility?****GOOD/FAIRLEY GOOD/AVERAGE/UNSTEADY/POOR** |  |
| **Office use only** | **Disclaimer signed Yes/NO** | **Name on attendance YES/NO** |
| **Additional information that is required so that we can provide the service safely.****If you answer YES to any of these questions below, please give the date and year.****Have you had a hip or knee replacement?** YES/NO**Have you had a fall in the last six months?** YES/NO**Have you had any fractures or broken bones in the past year?** YES/NO**Have you ever had a stroke or heart attack?** YES/NO**Is there any other information relating to your health we should know prior to you joining the club?** |