EXERCISE FOR LIFE

GCRA Ltd, Unit 8 Turriff Business Centre, Markethill Ind Est, Turriff, AB53 4AG
Tel – 01888 569160 ~ Email – info@gcra.org.uk ~ www.gcra.org.uk

Self-Assessment Questionnaire & Application Form for access to a GCRA+ exercise class

Before you attend our classes, please complete this form and bring it with you to your first class. This information will help the instructor to give you the correct advice and make sure that the activities are safe and effective for you.

Name	
Address	
Postcode	
Telephone Number	
Mobile Number	
Email Address	
GP Contact details	
Emergency contact	

If you answer YES to any of the following questions, please discuss these exercise classes with a health professional before you attend. This is because the exercise classes may need to be adapted to meet your needs or they may not be suitable for you.

	YES	NO
Have you ever had a medical advice NOT to exercise?		
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?		
Do you get breathless doing daily activities?		
Have you ever been told you have a Heart condition, Angina or High Blood Pressure? If YES, circle the following: Heart Attack High Blood Pressure Angina Arrhythmias Coronary Bypass Stents Implantable devices Other? _____ Are you on any of the following medication? Beta Blockers ACE Inhibitors Calcium Blocker GTN Spray Aspirin/ Clopidogrel Warfarin Diuretics Other? _____		
Have you ever had a stroke or mini-stroke? If Yes, do you have an impairment?		

Continued overleaf….

	YES	NO
Do you have diabetes? If Yes, please circle which one. Type 1 Type 2 Are you on Insulin or oral medication?		
Do you have a respiratory (lung) condition? e.g. COPD, chronic bronchitis or asthma? If YES, do you have an inhaler?		
Do have a bone, joint, muscular or neurological condition that affects your ability to take part in physical activity? Back Pain Osteoporosis Multiple Sclerosis Epilepsy Parkinson's Disease Chronic Fatigue Arthritis Other?		
Do you have a knee or hip replacement? If Yes, please explain.		
Do you currently have Cancer or are a Cancer survivor? If YES, are you currently on any treatments e.g. chemotherapy, radiotherapy, hormone therapy?		
Have you had any surgery or an operation in the past 12 months? If Yes, please explain.		
Have you had a fall in the last 12 months?		
Do you have any other needs (e.g. walking aids, physical disability, hearing or sight difficulties?) If YES, please explain.		
Please provide any information of Current Medications to the instructor ***Please bring any GTN spray or inhalers to class with you.***		

Declaration:

- The information I have given is correct, to the best of my knowledge
- If my answer to any of the questions changes, I will let the instructor know straight away and I will not take part in the class until I have done so.
- This information will be stored securely in accordance with the Data Protection Act 1998. No personal identifiable information will be made public or shared with any other organisation.

Print Name …….

I am taking part in these classes voluntarily and entirely at my own risk

Signature …….

Date…….

NB. Class fees are £4. Per class and annual membership is £10