

GP Referral Sign Up Form

Medical Consent Questionnaire



Full Name:

Date:

Has your doctor ever said that you have a heart condition (had a stroke, heart attack, or heart surgery) and/or that you should only do physical activity recommended by a doctor?

Please circle your answer **Yes / No**

Do you feel pain in your chest when you do physical activity?

Please circle your answer **Yes / No**

In the past month have you had chest pain when you were not doing physical activity?

Please circle your answer **Yes / No**

Do you lose your balance or feel dizzy or do you ever lose consciousness?

Please circle your answer **Yes / No**

Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?

Please circle your answer **Yes / No**

Do you have a diagnosed illness that could be made worse by physical activity?

Please circle your answer **Yes / No**

I have answered all questions best to my knowledge and consent Sure Fitness UK to make contact with my GP for referrals or medical information if required.

Sign:

www.surefitnessuk.com