Quinntessential Sports Therapy
www.mqst.co.uk

Name _____

Address: _____

_____

_____

_____

Telephone _____

Date of Birth _____

E mail _____

Walking Football

Health Questionnaire and Informed Consent

Medical History Do you have or have you previously had any of the following:

Skin Conditions	yes	no	_____
Known Allergies	yes	no	_____
Cardio vascular conditions	yes	no	_____
(High blood pressure, angina, phlebitis, narrow blood vessels etc)			
Liver/kidney conditions	yes	no	_____
Cancers or Tumours	yes	no	_____
Diabetes	yes	no	_____
Pregnancies	yes	no	_____
Migraines	yes	no	_____
Thromboses	yes	no	_____
Bleeding Disorders	yes	no	_____
Other Medical conditions	yes	no	_____

Please give full details if any "yes" answers above:

_____

_____

_____

Are you currently taking any medication? _____

Is there anything else you feel the therapist should know? _____

_____

_____

Informed consent

If at any point during the sessions I am uncomfortable or uneasy and /or if I experience pain, I understand it is my responsibility to immediately inform the therapist. I also understand that I am participating at my own risk and free will.

I have my Doctors approval.

Signed **Participant:** _____ Date _____

This person is fit to participate and has no contraindicated medical reasons to prevent inclusion.

Signed **Doctor:** _____ Date _____