Client Consultation / Medical Form

Name

D.O.B.

Contact number

Next of kin contact number

Height

Weight

Current exercise routine (including frequency, type, duration)

Pre-existing medical conditions (must include heart & lung)

Pre-existing injuries

Are you currently taking any medication

Do you have any allergies/intolerances eg latex bands, candles, nut oil

GP

Dietary requirements or any additional relevant information

Reason for doing this masterclass

Would you like to receive monthly newsletter from bh