

Healthy Me - Family medical information form

Please complete all sections of the form in **block capitals** and return to: Healthy Me, Wiltshire Council, County Hall, Bythesea Road, Trowbridge, BA14 8JN, **or by email: healthyme@wiltshire.gov.uk**

This form must be completed by a parent/guardian/carer. Please complete this form in as much detail to enable the coaches to understand and be aware of any care the attendee may require. Please complete this form for all attendees that attend the sessions

Attendee name:	
Does the attendee suffer from any of the following conditions? (please tick all that apply)	
High blood pressure <input type="checkbox"/>	Chest complaints/pain brought on by physical activity <input type="checkbox"/>
Low blood pressure <input type="checkbox"/>	Asthma or respiratory problems <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Bone, joint or muscular problems with arthritis <input type="checkbox"/>
Childhood epilepsy <input type="checkbox"/>	Elevated blood cholesterol <input type="checkbox"/>
Dizziness or Fainting <input type="checkbox"/>	
If you have ticked any of the above, please provide details:	
Is the attendee allergic to anything (e.g. plasters, drugs)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details	
Is the attendee taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details below	
Type:	
Dosage:	
Side effects:	
When taken:	
Does the attendee have, or had, any sustained injury or illness? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details	
Are there any other reasons not already mentioned why any type or physical activity may not be suitable for the attendee? If yes, please provide details: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Disability, social, behavioural, emotional issues	
Does the attendee have any of the following physical/learning impairments?	
Visual <input type="checkbox"/>	Hearing <input type="checkbox"/> Multiple impairments <input type="checkbox"/> Learning <input type="checkbox"/> Mobility/joint <input type="checkbox"/>
If you have ticked any of the above, please provide details:	

Does the attendee have any social, behavioural, emotional issues that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please answer the following questions	
What is the nature of the issue?	
Are there any signs/behaviour patterns that staff should be aware of?	
How should staff deal with the issue?	
Please describe any disability, impairment and/or dietary requirements	
Please provide any general information that may be helpful about the attendee (this may include hobbies, interests, social interaction, behaviours etc)	
Parent/guardian/carer medical details	
Has your doctor told you that you have a heart condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel pain in your chest when you partake in physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last month have you had any chest pain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you lose your balance due to dizziness or lose consciousness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any bone or joint problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ticked any of the above, please provide details:	
Are there any specific activities that your doctor has advised you to avoid? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:	
Are you taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details below Type: Dosage: Side effects: When taken:	

Are there any other reasons not already mentioned why any type or physical activity may not be suitable for you? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Other attendee's medical details	
Have any of the other attendees been told that they have a heart condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of the other attendees feel pain in their chest when they partake in physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last month have any of the other attendees had any chest pain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of the other attendees lose their balance due to dizziness or lose consciousness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of the other attendees have any bone or joint problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ticked any of the above, please provide details:	

Are there any specific activities that the other attendees doctor has advised to avoid? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are any of the other attendees taking any medication? If yes, please provide details below Type:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dosage:	
Side effects:	
When taken:	

Are there any other reasons not already mentioned why any type or physical activity may not be suitable for any of the other attendees? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Privacy notice

Wiltshire Council is the data controller for the medical information you provide in this form. The council's Data Protection Officer can be contacted at dataprotection@wiltshire.gov.uk. Leisure services will only use any medical details you provide for the purpose of providing, if required, during the programme, medical attention or to monitor you progress. A more detailed notice of what we may do with your information, and about your information rights is available at www.wiltshire.gov.uk/leisure-memberships. We will not share your medical data unless we are required or permitted to do so by law.

For further information about how Wiltshire Council uses your personal data, including your rights as a data subject, please see our [Privacy notice](#) on the website.

Signed: _____ Date: _____