

KINETICS

Aquatherapy Registration Form

This information is collected as part of our Health & Safety Procedures and will remain confidential to the Kinetics staff involved in this programme. We will contact you to let you know if we require any further information from your Specialist or GP before the programme begins.

Full Name: DOB:.....
 Address:
 Home Phone:..... Mob: e-mail.....
 Emergency Contact Person: Ph:..... Mob:.....

Your medical conditions:

- | | |
|--|--|
| <input type="checkbox"/> Back Surgery Type: Date: | <input type="checkbox"/> Hip Surgery Type: Date: |
| <input type="checkbox"/> Knee Surgery Type: Date: | <input type="checkbox"/> Other Surgery Type: Date: |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Back pain or problems |
| <input type="checkbox"/> Diabetic Type 1 Type 2 (please specify) | <input type="checkbox"/> Asthma/breathing problems |
| <input type="checkbox"/> Cancer – Please specify..... | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Weight problems |
| | <input type="checkbox"/> Stress |
| | <input type="checkbox"/> High blood pressure/stroke |

GP:..... Orthopaedic Specialist:.....

How did you hear about the programme GP: Specialist : Other.....

Do you have any conditions that should be known in case of emergencies? (eg: epilepsy etc) No Yes.
 Please list. _____

Please list current medications:

- I agree to participate in the Kinetics Aquatherapy programme and take responsibility for my own health and safety and indemnify Kinetics and/or Waiwera Infinity Spa from any liability
- To the best of my knowledge, I have included all of the health information that would affect my participation in this programme
- I am a responsible Diabetic and will always have my medication and glucose tablets on hand during the programme activities N/A
- I agree to always carry my “Nitrolingual” spray if I have been diagnosed with Angina N/A
- I have enclosed the initial joining fee of \$40.00 and understand that the term fee of \$160.00 is payable to Kinetics after the initial Induction session to enable entry to subsequent sessions

Signed.....	Date:.....
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Please return this form to: Kinetics, 47 Riverside Rd, Orewa, 0931. Ph 09 427 4477 Fax 09 427 4577