



about you

This survey helps us provide a safe and enjoyable Boundless Health experience. All information is kept strictly confidential as all Boundless Health licensees are bound by the National Privacy Principals.

Title _____ First Name _____ Surname _____
D.O.B. ____ / ____ / ____ Gender M or F
Address _____
Suburb _____ State _____ Postcode _____
Phone No (_____) _____ Doctor's name _____
Emergency Contact (name and number) _____

1. List the prescribed medication you take on a regular basis.

2. Have you ever had: arthritis, asthma, diabetes, epilepsy, hernia, dizziness, gout, circulation problems or an ulcer? If yes, please circle which you have had. No Yes

3. Have you had a heart condition, high/low blood pressure, heart murmurs or pains in the chest, rheumatic fever, stroke, blood clots, high cholesterol or palpitations? If yes, please circle which you have had. No Yes

4. Are you or do you have any reason to believe you may be pregnant? No Yes

5. Have you had surgery in the past 6 months? If yes, please provide details (date, procedure, outcome). No Yes

6. Have you ever had surgery for the knee, hip, spine or heart? If yes, please provide details (date, procedure, outcome). No Yes

7. Is there any reason why you should not participate in an exercise program e.g. cancer, severe osteoporosis, mental illness, thyroid, kidney or liver disease? If yes, please provide details. No Yes

8. Do you smoke cigarettes, or have you quit smoking in the past two years? No Yes

9. Is there any other condition that might be reason to modify your exercise program? If yes, please give details. No Yes

10. Has your doctor given his/her approval for you to take part in a Boundless Health Program? No Yes

If you have answered Yes to any of the questions 2-9 and do not have your doctor's approval to exercise, please have your doctor complete the Doctor's Clearance form before starting your program.

11a. What intensity level do you exercise at? This can be planned exercise or general physical activity in your daily routine. Please tick the relevant box.

Gentle (slow walking) Light (steady walking) Moderate (brisk walking) High (jogging)

11b. In general, how often do you exercise at this intensity level.

Daily 2-3 times a week Weekly Fortnightly or more

11c. Approximately for how long do you exercise each time?

10 mins 20 mins 40 mins 60+ mins

11d. And how long have you been doing this?

0-3 months 4-12 months 12+ months

12. What are the top three things you want to get out of your Boundless Health exercise program?

Increased energy Improved fitness Reduced stress Social enjoyment
 Muscle tone Maintain fitness Good health Fun
 Better balance Improved flexibility Increased strength Make friends
 Other, please provide details

13. How did you find out about Boundless Health?

Friend Doctor Physio/Osteo/Chiro Website
 Radio Newspaper Brochure/flyer Poster
 Other, please provide details

Please read this statement carefully and sign below

- I have answered the questions to the best of my ability and I will tell my Leader immediately should my health status change from the above.
 - I understand the Leader cannot give medical advice with regard to my fitness to exercise and take full responsibility for my involvement in the Boundless Health programs.
 - I understand that whilst Boundless Health programs have been designed to minimise risk to those involved I agree to the conditions that Boundless Health and its licensees accepts no liability what so ever for any injury or death caused directly by negligence of one of their Leaders during a class.
 - I agree to follow the directions of the Leader with respect to my exercise program.
 - I will work at my own pace, learn the proper technique for the exercise and tell the Leader if I feel any symptoms.
- I do not wish for my details to be used to provide me with any relevant educational, marketing or any other information. See www.boundlesshealth.com.au/privacy for details of our privacy policy

Signed _____ Date ____ / ____ / ____

Print name _____

Doctor's Clearance Form

Dear Doctor,

The program that your patient will be participating in may include the following activities:

- Exercise requiring moderate cardiovascular effort including walking and stepping
- Progressive strengthening
- Balance and stretching exercises
- A relaxation program

The program has been specifically designed by a physiotherapist led team and is endorsed by the NSW branch of Osteoporosis Australia and Arthritis Foundation of Australia. Please contact Boundless Health should you have any queries in relation to specific activities or the programs in general.

Physical Examination Date

Name _____ Date of Birth _____

Height _____ Weight _____ BP _____ Pulse _____

System / Area	Normal (Please tick)	Abnormal (Please tick)	Comments
Cardiovascular System			
Respiratory System			
ENT & Vestibular Systems			
Central Nervous System			
Musculoskeletal System			
Visual System			

Please provide detail of any activity that should be avoided by the patient, or any specific recommendations in relation to intensity of exercise: _____

Clearance (please circle): Cleared / Not Cleared

Signed: _____ Date ____ / ____ / ____

Name (Please print) _____ Phone (____) _____

Please tick this box if you would like updates sent to of your patient's progress.

fitness, facts and fun

Boundless Health is a fun way to look after your "wellness". Specially designed by a physiotherapy led team, it mixes safe exercise routines with a strong social aspect to make staying healthy fun.