



SALFORD HEART CARE

NEW MEMBERSHIP REGISTRATION FORM

Full Name:

Address & Postcode:.....

.....

Home Tel:..... Mobile Tel:.....

E-mail address:

Who to contact in an emergency: Name:Tel No:

Doctor's Name:Tel No:

Date of birth

Registered disabled (please delete):

YES / NO

KNOWN MEDICAL CONDITIONS (please tick where appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Had a cardiac event | <input type="checkbox"/> Suffered a stroke or TIA |
| <input type="checkbox"/> High blood pressure (or being treated for high blood pressure) | <input type="checkbox"/> Overweight |
| <input type="checkbox"/> Diabetic (Type 1 or 2) | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Respiratory condition (COPD/Asthma) | <input type="checkbox"/> Mental health/depression |
| <input type="checkbox"/> Cancer patient (or history of cancer) | <input type="checkbox"/> Diagnosed with dementia |
| <input type="checkbox"/> Other medical conditions | <input type="checkbox"/> Carer for family member/friend |

I accept and understand that my participation in any exercise, activity or social event run by or on behalf of Salford Heart Care is entirely voluntary and at my own risk, and any injury or illness sustained as a result of such participation shall be deemed to be my own responsibility.

Signature:

Date:

This information will be added to Salford Heart Care's database & will **only** be used for membership, monitoring & evaluation purposes. The information remains **private & confidential** & **will not** be shared with any outside sources.

Registered Charity No: 1136710 Company Limited by Guarantee No: 7204528
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