



The Otago Phoenix Club Entry Form

Club Database Information

This page, to be completed by the applicant, will be separated from the rest of the form and will be used by the club secretary to maintain the club database. The information will enable club officials to stay in contact with you and keep you informed of club activities.

	Applicant's Details	Spouse or Support Person Details (only required if also joining)
Surname		
First Names		
Preferred Name		
NHI Number		
Postal Address		
Phone		
Mobile		
E-mail		

Source of Referral

Please let us know how you came to hear about the Phoenix Club. Feel free to tick more than one option.

(Numeric data only is collected for supplying statistics to the Heart Foundation)

<input type="checkbox"/>	Hospital / rehab nurse / physiotherapist
<input type="checkbox"/>	Doctor
<input type="checkbox"/>	Cardiologist
<input type="checkbox"/>	Friend
<input type="checkbox"/>	Cardiac club member
<input type="checkbox"/>	Self
<input type="checkbox"/>	Other (please specify)

Applicant's Club Declaration

I agree to willingly participate in **The Otago Phoenix Club**, to take responsibility for my own health and safety and indemnify the club from any liability.

Signed:

Date:



The Otago Phoenix Club Entry Form

Medical Information and Medical Clearance Section

To be completed by the applicant and the applicant's family doctor (page 3)

Privacy of Your Medical Information

The information you provide in this section of the form is collected for the purpose of safeguarding your health and safety. Its main use is to enable a swift response in the event of a medical emergency. The information is stored in as secure a place as possible consistent with the need for rapid access. You have the right to examine your filed medical information at any time to decide if you are happy with the details stored. If you have concerns about the privacy of your medical information, you may select the option for your these details to be placed in a sealed envelope to be opened only in the event of an emergency.

If, for any reason, you decide that you do not want your medical information held on file, you are advised to carry with you at all times, details of next of kin and your National Health Index number.

Please tick one of the following options...

Please store my medical information in an indexed folder for rapid access	<input type="checkbox"/>
Please store my medical information in a sealed envelope for added privacy	<input type="checkbox"/>
I do not wish my medical information to be stored at the exercise venue	<input type="checkbox"/>

Personal Details

Surname	*
First Names	*
Date of Birth	
NHI Number	*
Address	
Phone	
Mobile	
Dr Name	
Dr Phone	

Next Of Kin or Emergency Contact Person

Name	
How Related	
Address	
Phone	
Mobile	

* *Please repeat your name and NHI number on the following pages in the space provided.*

The Otago Phoenix Club Medical Information

Applicant

<small>NAME</small>	<small>NHI</small>
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Please complete this section in consultation, if necessary, with your family doctor.

Have you been diagnosed with any of the following conditions? (please tick in left column)

	Condition	Date Diagnosed	Current Medication (if any)
<input type="checkbox"/>	Heart attack		
<input type="checkbox"/>	Heart failure		
<input type="checkbox"/>	Heart rhythm disturbances		
<input type="checkbox"/>	High blood pressure		
<input type="checkbox"/>	Unstable blood pressure		
<input type="checkbox"/>	Severe aortic valve disease		
<input type="checkbox"/>	Stable angina		
<input type="checkbox"/>	Unstable angina		
<input type="checkbox"/>	Stroke		
<input type="checkbox"/>	Epilepsy		
<input type="checkbox"/>	Asthma		
<input type="checkbox"/>	Diabetes (Type1)		
<input type="checkbox"/>	Diabetes (Type 2)		
<input type="checkbox"/>	Aneurysm (Please give details - location, size, etc) →		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Please list in the spare spaces above, any other condition that should be known about in case of an emergency or kept in mind when participating in the exercise session (e.g. back or knee problems). Please also list any associated medication.

Have you undergone any of the following procedures? (please tick in the left column)

	Procedure	Date	Associated Medication (if any)
<input type="checkbox"/>	Coronary artery bypass		
<input type="checkbox"/>	Angioplasty		
<input type="checkbox"/>	Stent fitted		
<input type="checkbox"/>	Heart valve surgery		
<input type="checkbox"/>	Defibrillator fitted		
<input type="checkbox"/>	Pacemaker fitted		

The Otago Phoenix Club Medical Clearance Form

(Medical Clearance to attend Phase III cardiac rehabilitation sessions)

This section to be completed and signed by a qualified medical practitioner

Applicant

<small>NAME</small>	<small>NHI</small>
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Please review the previous pages of this form to determine that no important medical information has been left out. If there are any other health problems which may affect this patient doing exercise, please list the details here.

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Are you able to give clearance for this patient to participate in exercise?

Caution: Please do not give clearance if the patient's condition is currently unstable

Type of Exercise	Yes	No
Fit for moderate intensity supervised exercise	<input type="checkbox"/>	<input type="checkbox"/>
Fit for unsupervised tramps and heavy manual work	<input type="checkbox"/>	<input type="checkbox"/>

Please add any further comments here

--

Medical Practitioner Details

Name	
Contact Details	
<i>Signed</i>	<i>Date</i>

This section to be completed and signed by the applicant

Applicant's Medical Declaration

<p>The information I have supplied on the previous pages is true and accurate. I have not withheld any information about my health status.</p> <p>I agree to use my medication as directed and always bring to the exercise sessions my anganine spray, or any other prescribed medication necessary. I agree to update this information regularly so that my information is current and accurate.</p> <p style="text-align: right;"><i>Signed:</i></p> <p style="text-align: right;"><i>Date:</i></p>
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