



Parelli Centre Australia

Confidential Medical History & Emergency Contact 2019

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Mailing and Street Address :50 Lisa Road, Wilton, NSW 2571

Web: www.parelli.com.au

Please complete, scan and then email to info@parelli.com.au

Name: _____ Local Contact # (while in Wilton) _____

Course: _____ Female Male Date of Birth _____ Age _____

Medicare Policy # _____ Phone: _____

Who to Contact in Case of Emergency

Name: _____ Phone: _____

Relationship to you: _____ Mobile Phone: _____

Has your Doctor placed any restrictions on your activities? Yes No

If Yes Please Explain: _____

Are There Any Reasons Why You Should Not Participate in Any Event or Class Offered By Parelli? Yes No

If Yes Please List: _____

Current Medications: (name/dose/frequency) _____

Do You Have Any Allergies? Yes No

If Yes Please List: _____

Do You Have or Have Had Any of The Following in the Last 12 months? (if yes please explain)

	Yes	No
Anemia		
Asthma		
Blood Clots		
Convulsions		
Depression		
Diabetes		
Emphysema		
Epilepsy		
Fainting		
Head Injury		
Skin Disorders		
Surgeries		
Unconsciousness		

	Yes	No
Hypoglycemia		
Impaired Hearing		
Impaired Vision		
Infectious Disease		
Mental Illness		
Muscle/Joint Disorders		
Neck/Back Injuries		
Need Special Equipment		
Pregnancy		
Severe Pain		
Heart/Cardiac Condition		
High Blood Pressure		

Signature _____

Date _____

*This form will be held on file for you, and will be used if required for any courses you attend at the Wilton Centre through 2019. Please advise our staff of any changes to this form throughout the year.