

Questionnaire and Declaration of Informed Consent for the PelviPower Training Chair

Surname: _____
 First name: _____
 Date of Birth: _____
 Telephone: _____
 Email: _____

Referring Consultant /
 GP or Self-Referral: _____
 Emergency Contact
 Person Name: _____
 Emergency Contact
 Person Telephone: _____

	Yes	No
Have you ever undergone the PelviPower Training Chair previously?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced any side effects from same?	<input type="checkbox"/>	<input type="checkbox"/>
Contraindications for use of the the PelviPower Training Chair	Yes	No
Metallic implants	<input type="checkbox"/>	<input type="checkbox"/>
Hip implants	<input type="checkbox"/>	<input type="checkbox"/>
Prosthetic knee joints	<input type="checkbox"/>	<input type="checkbox"/>
Bolts, nails, screws or similar items (i.e. orthopaedic or similar implants)	<input type="checkbox"/>	<input type="checkbox"/>
Electronically controlled implants	<input type="checkbox"/>	<input type="checkbox"/>
Insulin pump	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Neurostimulator	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy or plans to conceive during training	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine device (IUD, Coil)	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease / cardio arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Previous operations (in the previous 8 weeks)	<input type="checkbox"/>	<input type="checkbox"/>

I understand the list of contraindications as above. I have personally completed this questionnaire and declaration and the previous declaration of informed consent for the PelviPower Training Chair.

None of the contraindications apply to me and I wish to complete the the PelviPower Training Chair at Cosmetech.

Name:
 (BLOCK CAPITALS) _____
 Signature: _____
 Date: _____

Name:
 (BLOCK CAPITALS) _____
 Signature: _____
 Date: _____
 Position: _____