

New Client Form/Pre-Activity & Readiness Questionnaire

Submitting this form & disclosure

This form is a pre-requisite for all customers of Form Personal Training and Biomechanics. If your health status changes you must re-submit an amended form to the trainer or therapist, and always seek advice from your GP beforehand if you have any conditions/injuries, or are pregnant.

Participating in exercise with a fitness professional or undertaking a treatment requires a process whereby your health status is disclosed so that your exercise prescription or treatment is appropriate and adaptations and considerations are made to meet your needs.

This form may need completing as a 'new client' or as an 'update' so that the latest information is held on file.

These records remain private and confidential.

SECTION 1/3 Your Details: Please PRINT clearly

First Name:		Surname:		Mobile Tel No.	Code: _____ _____
Address: (1 st Line)		Town Or Village:		Start Date: (Today)	
Postcode:		Email Address:	_____ @_____	Date Of Birth:	___/___/___

Training Type: (please circle the DOT for the first appointment, class you are attending at the time of the form)

- Personal Training
- Biomechanics
- Sports Massage Therapy
- **Class Course:**
 - State: _____ Pilates/Kettlebells/TRX
 - Masterclass _____

What are your top 3 goals?

1. _____ 2. _____ 3. _____

Continued overleaf

Completed/File	
----------------	--

How did you get to hear about FORM? Please circle the dot.

- Search engine on-line to website Y/N please state search engine if known _____
- Facebook Y/N Twitter Y/N Leaflet location, please state _____
- Referral please, state person _____ Advertisement _____
- Article, please state _____ Other _____

Health Checklist If you are between the ages of 15 to 69, and answer Yes, the PAR-Q suggests you should check with your doctor (GP), before you start. If you are over 69 years of age, and you are not used to being very active, check with your GP first. High blood pressure needs the GP to confirm your reading and health to exercise.

Note: Please circle against each option before taking part in the training.

SECTION 2/3

A. Do you have any of the following conditions? Circle all Y or N (ALL MUST BE CIRCLED)

1. **Heart** condition y/n
2. **Stroke** y/n
3. **High** blood pressure y/n
4. **Low** blood pressure y/n
5. **Cardiovascular** condition y/n
6. **Dizziness** y/n
7. Do you ever **lose consciousness** y/n
8. Are you **diabetic** y/n
9. Are you **asthmatic** y/n
10. Are you currently **taking medication** n y/n
11. Do you have any muscle/bone/**injury** y/n
12. Are you **pregnant** y/n
13. Is there any other condition, not stated that affects your health, safety or wellbeing, and should be mentioned before you participate in exercise?

13. _____

If you have answered Yes to any conditions, please provide the relevant full details.

Please quote the number from above _____ e.g. 3. (I have high blood pressure and take medication that controls it)

B. Are you seeking advice from another health or fitness professional? Y/N

e.g. *Physiotherapist*. Details of the practitioner you are seeking treatment from.

Tel: _____ Practice: _____ Name: _____

I give permission to FORM to contact my practitioner, to help with my treatment, if appropriate Y/N (please circle one)

SECTION 3/3

C. What is your current level of exercise frequency?

- How many times/week ? ____ Hours/week? ____ Frequency/month? ____ (if not weekly)

I confirm that I have fully disclosed all the appropriate details and that I will update the trainer should my status change.

YOUR SIGNATURE _____ NAME: _____

This form is kept on file, and the information remains confidential.