



LIFESTYLE CONSULTATION



Date:

Name..... Instructor Name:.....

Address.....
.....

Occupation..... D.O.B Age

Telephone Numbers:

(H)..... (WK) (M).....

E Mail.....

How did you hear about More Energy Fitness Centre?

Do you currently exercise? (Please circle)

Yes

No

(If Yes please give detail)

(If No, please give exercise history)

Please tick the services and classes that interest you:

- | | |
|--|--|
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> LBT (Legs Bums + Tums) |
| <input type="checkbox"/> Bodystat (bodyfat)Test | <input type="checkbox"/> Power Pump (Weights class) |
| <input type="checkbox"/> Cholesterol testing | <input type="checkbox"/> Teen Fitness Scheme for 14 - 16 year olds |
| <input type="checkbox"/> Weight Management Course | |
| <input type="checkbox"/> Fitness Test | |
| <input type="checkbox"/> Nutrition Analysis | Other..... |
| <input type="checkbox"/> Spinning (indoor cycling class) | |
| <input type="checkbox"/> Pilates | |
| <input type="checkbox"/> Cardio Kick Box | |

MEDICAL SECTION

YES NO

DETAILS

(Please tick)

Have you been told that you have a heart condition and that you should only do physical activity recommended by a Doctor?

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Do you have Diabetes Mellitus?

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Do you experience chest pain when you do physical activity?

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Are you currently prescribed drugs for blood pressure or a heart condition?

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Do you ever lose consciousness or balance due to dizziness?

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Do you have / have you had a bone or joint problem?

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Do you suffer from shortness of breath at rest or with mild exertion?

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Do you have raised cholesterol?

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Do you smoke cigarettes?

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Are you / have you in the last year been pregnant?

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Are you asthmatic?

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Are you currently taking any medications?

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Have you undergone any operations / any illnesses may affect you exercising.

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Do you know of any other reason not mentioned here why you should be cautious whilst exercising?

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.....

Please state your Fitness goals:.....

BLOOD PRESSURE

- **Systolic (<140):**
- **Diastolic (<95):**
- **RHR (60-90):**

The information I have given is correct and to date. I will keep you informed of all medical information in the future (in writing), including changes to that stated above.

Signature.....

Print Name.....

Date.....