

FLATOUT FITNESS

MOBILE PERSONAL TRAINING

...The Outdoor Training Specialists!

Personal Training Health Screening Form

Thank you for taking the time to...Tell me about you!

Your First Name _____ Your Last Name _____
Your Address _____
Postcode _____ Mobile Phone _____
Home Phone _____ Work Phone _____
Your Email _____ Your Date of Birth _____
Emergency Contact _____ Phone Number _____

What is your number one health and fitness goal? _____

Please tell me what I can do to improve your quality of life? (Please tick)

- I need to get fitter I need more muscle tone I need to lose weight
 I need to get stronger I need to build muscle I need more energy
 I want to feel good about my body I want to improve my self confidence
 I would like a healthy eating plan
 I have a specific sporting goal and if so, what _____
 I need to rehabilitate part of my body and if so what part? _____

I have another very important goal that I would like to achieve (eg. City Bay Fun Run, wedding etc.) and that is _____

Why is it important to **you** to make these changes? _____

When would you like to have made these changes and **achieved** your goal(s) by? _____

Write s few words to describe how you will feel when you **achieve** your goals? _____

Write a few words to describe how you will feel if you **fail** to achieve your goals? _____

Will you achieve your goals if you continue to repeat your past and current exercise and /or eating habits? **YES** or **NO**

How many days a week are you prepared to set aside to achieve your goals? _____

Which time of the day can you exercise? **Mornings** (6am-12pm) **Afternoons** (12pm-5pm) **Evenings** (5pm-7pm)

Let's assess your health needs by circling either YES or NO

History – you have had:

- A heart attack YES or NO
- Heart surgery..... YES or NO
- A Pacemaker YES or NO
- Heart failure YES or NO
- Heart valve disease YES or NO
- A heart transplant YES or NO
- Congenital heart disease YES or NO

Symptoms - you experience:

- Chest discomfort with exertion YES or NO
- Unreasonable breathlessness YES or NO
- Dizziness, fainting, blackouts YES or NO

Musculoskeletal problems YES or NO

Other health items – you:

- Take prescription medications YES or NO
- Take heart medications YES or NO
- Are pregnant YES or NO
- Trying to conceive YES or NO

* * If you answered YES to any of these questions in this section you may have to visit an allied health professional or medical practitioner before commencing an exercise program.

You:

- Are male, over 45 years of age YES or NO
- Are postmenopausal..... YES or NO
- Are a smoker YES or NO
- Have BP > 140/90 mm Hg YES or NO
- Take BP medication YES or NO
- Have cholesterol > 5.6 mmol/L..... YES or NO
- Have a family history of heart attack YES or NO
- Are diabetic YES or NO
- Are physically inactive YES or NO
- Have epilepsy YES or NO
- Have asthma YES or NO

** If you answered YES to two or more questions in this section you may have to visit an allied health professional or medical practitioner before commencing an exercise program.

*** If you did not, then that's **awesome...** you are a picture of health and we can get on with moving towards **your goals** immediately!

Do you have any medical conditions that may prevent you from exercising? **YES or NO**

If yes, please tell me about them _____

Do you have any joint problems, aches or pains I can improve for you? **YES or NO**

If YES, please tell me about them _____

Do you take any prescription medication, pills, tablets or supplements? **YES or NO**

If yes, please tell me about them _____

Personal Trainer to Complete

DOES THIS CLIENT NEED TO BE REFERRED TO A MEDICAL PRACTITIONER FOR A MEDICAL RELEASE FORM BEFORE COMMENCING A PHYSICAL ACTIVITY PROGRAM? YES or NO

How **ENERGETIC** do you feel on a regular basis?

1	2	3	4	5	6	7	8	9	10
I just want to sleep								I am the energizer bunny!	

How **HEALTHY** do you feel on a regular basis?

1	2	3	4	5	6	7	8	9	10
Put me down now, I am always sick								Doctor, what's a doctor?	

How **FIT** do you feel on a regular basis?

1	2	3	4	5	6	7	8	9	10
I get puffed looking at the stairs								10 flights, easy!	

How **STRONG** do you feel on a regular basis?

1	2	3	4	5	6	7	8	9	10
I need help to open the car door								I can lift the car!	

Write a couple of words to describe how you **feel** about your health, well being and body shape at the **moment**?

Write a couple of words to describe how you would **like to feel** about your health, well being and body shape in the **future**? _____

Let's record some of your performance measurements:

Your resting heart rate is _____ bpm

Your resting blood pressure is _____ mmHg

Are you currently exercising? YES or NO

Would you like some guidance with your current eating patterns or nutritional advice? _____

What do you expect from **your** group session in order to achieve your goals?

WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

Agreement for Participating in Personal/Group Strength, Fitness and Conditioning Training

The **'Trainer'** refers to the South Australian Registered Business 'Flatout Fitness'.

The **'Activity'** refers to the participation in personal/group strength, fitness and conditioning training and general advices either in person or through online live streaming.

- I acknowledge that it is a condition of participating in this activity that I do so at my own risk
- I accept all risks and hereby indemnify and release the Trainer, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly or indirectly associated with the Trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands and proceeding arising out of or connected with my participation in this activity
- This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns
- I acknowledge that participating in this activity may involve a risk of serious injury or even death from serious causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings
- I recognize the difficulties associated with the activity and attest that I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise
- I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity, my Trainer will be immediately informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.
- I certify that I am 18 years or older and have read this document and fully understand it, OR
- As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to

Signature: _____(guardian/parent to sign if under 18 years of age)

Full Name (please print):_____ Date:_____

Name of Trainer: _____ Signature of Trainer: _____



...The Outdoor Training Specialists!