

## Personal Details

Title:

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First Name:

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Surname:

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Address:

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Post Code:

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Contact Numbers:

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Home:

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Post Code:

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Business:

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Mobile:

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Email Address:

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Date of Birth:

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Age:

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Sex:

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GP Name:

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GP Contact Number:

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Surgery Address:

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Post Code:

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Emergency Contact:

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Name:

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Relationship:

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Contact Number:

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# Lifestyle Consultation

Occupation:

How would you rate the following? (Low 1 - 10 High)

Stress at home     1     2     3     4     5     6     7     8     9     10

Stress at work     1     2     3     4     5     6     7     8     9     10

Activity at work     1     2     3     4     5     6     7     8     9     10

Energy levels     1     2     3     4     5     6     7     8     9     10

Quality of sleep     1     2     3     4     5     6     7     8     9     10

Are you a smoker?     Yes     No

(If yes, state how many per day) How many per day? ( )

Please indicate your unit alcohol consumption per week:

Do you follow any special diet at the present time? ( ) Yes ( ) No

If yes, what type:

Low Cholesterol/Low Fat

Low Salt

Reduced Calorie

Liquid Diet

Other:

Please indicate your daily consumption of:

Water: ( )

Fruit: ( )

Vegetables: ( )

What was your weight:

1 year ago: ( )

5 years ago: ( )

At age 20yrs: ( )

Would you like to arrange a consultation with our Nutritionist to devise a healthy eating plan?

Yes     No

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# Medical History

Do any of the following medical conditions apply to you or a member of your immediate family?

Condition	Client		Family		Details
	Yes	No	Yes	No	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Angina/ Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Irregular Heart Beats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abnormal ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thrombophlebitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Embolism/ Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Valve Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you have any of the following conditions that may limit your physical ability?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Head/ Neck Injury                                  | <input type="checkbox"/> Hip/ Pelvis Injury or Replacement |
| <input type="checkbox"/> Bone Fracture     | <input type="checkbox"/> Shoulder Injury                                    | <input type="checkbox"/> Knee/ Thigh Injury or Replacement |
| <input type="checkbox"/> Calcium Deposits  | <input type="checkbox"/> Arm Injury   | <input type="checkbox"/> Ankle/ Foot Injury                |
| <input type="checkbox"/> Low Back Pain     | <input type="checkbox"/> Tennis Elbow                                       | <input type="checkbox"/> Nerve Damage                      |
| <input type="checkbox"/> Upper Back Injury | <input type="checkbox"/> Wrist/ Hand Injury                                 | <input type="checkbox"/> Pregnancy                         |
| <input type="checkbox"/> Acute Hernia      | <input type="checkbox"/> Heavy Migraines                                    | <input type="checkbox"/> Fitted Pacemaker                  |
| <input type="checkbox"/> Tumours           | <input type="checkbox"/> Recently fitted coils, metal pins, bolts or plates |  |

List any other medical conditions?

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List any regular medication that you take? (Include prescription and non-prescription medicines)

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## Training & Exercise

Have you been given any recommendations or restrictions regarding exercise? (If yes, please describe)

Yes  No

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Are you presently receiving any therapy? (If yes, please describe)

Yes  No

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Are you currently engaged in any regular physical activity?

Yes  No

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If No, when did you last participate in regular activity? (nature)

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If Yes, for how long have you been participating? (frequency/intensity/nature/duration)

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When exercising, including climbing stairs, do you ever experience any of the following?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Shortness of breath     | <input type="checkbox"/> Fatigue     |
| <input type="checkbox"/> Leg ache                | <input type="checkbox"/> Chest pains |
| <input type="checkbox"/> Pressure over the heart | <input type="checkbox"/> Other:      |

What are your personal exercise programme goals?

- |  |  |
|--|--|
| <input type="checkbox"/> Weight loss/control | <input type="checkbox"/> Cardiovascular conditioning |
| <input type="checkbox"/> Staying in shape    | <input type="checkbox"/> Increasing strength         |
| <input type="checkbox"/> Stress reduction    | <input type="checkbox"/> Other:                      |

Notes



# Health & Fitness Assessment

## Date of Initial & Follow-up Assessments

Resting Heart Rate (beats/min)	( )	( )	( )	( )	( )
Blood Pressure (mm.Hg)	( )	( )	( )	( )	( )
Height (m)	( )	( )	( )	( )	( )
Weight (kg)	( )	( )	( )	( )	( )
BMI (kg/m <sup>2</sup> )	( )	( )	( )	( )	( )

## Circumference (cm)

Neck	( )	( )	( )	( )	( )
Chest	( )	( )	( )	( )	( )
Triceps	( )	( )	( )	( )	( )
Waist	( )	( )	( )	( )	( )
Sub-naval	( )	( )	( )	( )	( )
Buttocks	( )	( )	( )	( )	( )
Thigh	( )	( )	( )	( )	( )
Calf	( )	( )	( )	( )	( )

## BIA (%fat) Cardio-respiratory Endurance (Mile Test)

RHR	( )	( )	( )	( )	( )
HR0	( )	( )	( )	( )	( )
HR1/4	( )	( )	( )	( )	( )
HR1/2	( )	( )	( )	( )	( )
HR3/4	( )	( )	( )	( )	( )
HR1	( )	( )	( )	( )	ft
Time Taken	( )	( )	( )	( )	( )
Recovery	( )	( )	( )	( )	( )

## Sit & Reach Flexibility (cm) Muscular Endurance

1 min Press-ups	( )	( )	( )	( )	( )
1 min Plank	( )	( )	( )	( )	( )

## Purpose and Explanation of Procedures

Purpose and Explanation of Procedures I hereby consent to voluntarily engage in a Personal Fitness Training Programme with Natasha Green Personal Training . The programme may include stress management, as well as health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I acknowledge it has been recommended to me that I be examined by my GP and obtain his/her approval for my participation in the programme within thirty days of the date set forth below. Furthermore, within the twelve month period preceding the date of this release, I have not been advised by a GP or other health care professional of any medical condition which would prevent me from participating safely in a physical fitness or conditioning programme. I will be given instructions regarding the amount and type of exercise I should perform. A Natasha Green Personal Training Trainer will direct my activities, monitor my activities, and otherwise evaluate my effort. I understand that I am expected to follow the trainers' instruction with regards to my exercise, health and fitness related programmes.

If I am taking prescribed medications, I have already so informed Natasha Green Personal Training and further agree to so inform my trainer promptly of any changes which my doctor or I have made with regard to use of any medications or change in any medical status. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my programme.

I have been informed that during my participation in the above-described programme I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete responsibility to decrease or stop exercise and that it is my obligation to inform the trainer of my symptoms. I hereby state that I have been so advised and agree to inform the trainer of my symptoms, should any develop.

I understand that during the performance of exercise, the trainer will periodically monitor my performance which may include: measuring my pulse, blood pressure or assessing my feelings of exertion for the purposes of monitoring my progress. I also understand that the trainer may reduce or stop my exercise programme, when any of these findings so indicate that this should be done for my safety and benefit.

I understand that during the performance of the programme, physical touching and positioning of my body by the trainer may be necessary to assess my muscular and bodily reactions to specific exercise, as well as insure that I am using the proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

## Risks

It is my understanding and I have been informed that there exists the possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, physical dizziness, disorders of the heart rhythm, and less likely heart attack, stroke or even death. I further understand and have been informed that there exists the risk of bodily injury, but not limited to, injuries to the muscles, ligaments, tendons and joints of the body. I have been advised that appropriate efforts will be made to minimise these occurrences by proper assessments of my condition before each session, trainer supervision during exercise and by my own control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, and knowing these risks, it is my desire to participate as herein indicated.

Inquiries and Freedom of Consent I have been given the opportunity to ask questions regarding the procedures of the programme and I have received satisfactory answers to those questions. Generally these requests which have been noted by the Natasha Green Personal Training Trainers and their responses are as follows:

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I agree that Natasha Green Personal Training shall not be liable or responsible for any injuries to me resulting from my participation in the programme (whether at home or at the health club, outdoors or at other public places, or corporate, commercial, residential or other fitness facility). I expressly release and discharge Natasha Green Personal Training, its owners, employees, agents and/or administrators or assigns from any claims, suits and the like of a result of any injury or other damage which may occur in connection with the participation in the programme, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns. I have read this form and understand all of its terms. I consent to the rendition of all services and procedures as explained herein by the Natasha Green Personal Training Trainers.



# Billing Agreement

Natasha Green Personal Training bills all Personal Fitness Training clients on a pre-pay basis. Bills are issued directly to a client by a trainer and are due on receipt. Natasha Green Personal Training Trainers work on a scheduled appointment basis. In order for us to effectively use our time we ask that clients give their trainer 24 hours notice when canceling an appointment. This means a cancellation should be made at least 24 hours before the scheduled appointment. Personal training sessions cancelled inside of 24 hours will be billed at the normal rate of a single session to the client, or clients (in the case of group training).

Each Natasha Green Personal Training Trainer agrees with Natasha Green Personal Training that he/ she will train Natasha Green Personal Training clients only on behalf of Natasha Green Personal Training, and not outside the auspices of Natasha Green Personal Training, during employment and for twelve (12) months after the trainer is no longer employed or associated with Natasha Green Personal Training.

It is the policy of Natasha Green Personal Training to provide refunds only under the following circumstances:

- i. Natasha Green Personal Training is unable to provide a trainer to the client due to the relocation (of client) to another city or location where Natasha Green Personal Training does not have a trainer available.
- ii. Natasha Green Personal Training is unable to meet the realistic scheduling needs of our client. Realistic scheduling means between the hours of 7.00 a.m and 9.00 p.m.. Monday through Saturday, subject to the availability of a Natasha Green Personal Training Trainer.
- iii. A client's medical condition exists that makes it impossible to work with a trainer. (In this case a G.P.'s written notification is required).
- iv. All remaining personal training sessions following a 30 day inactive period will be non-refundable. Unused sessions are transferable to another client within three (3) months.
- v. Sessions unused after one (1) year inactive period will no longer be honoured. I have read the aforementioned and understood and accept these policies as they relate to personal fitness training procedures with my Natasha Green Personal Training Trainer. I also agree to abide by the agreement between Natasha Green Personal Training and its trainers that all fee for training services provided during and for a twelve (12) month period following a trainers employment/ association with Natasha Green Personal Training will be paid to Natasha Green Personal Training.

Acknowledged and agreed,

Participant Signature

Print Name

Date

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Natasha Green Personal Training Signature

Print Name

Date

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