

Health questionnaire

(Informed consent – Liability Waiver)

Client details

(please provide the following details)

Mr Mrs Miss Ms : _____

Date of birth:

Occupation:

Address:

Telephone:

Mobile:

Email address:

Twitter address:

Postcode:

First names:

Surname:

Health details (please answer the following questions)

Has your doctor ever said that you have heart trouble? yes no

Have you ever had pains in your chest? yes no

Do you often feel faint or have spells of dizziness? yes no

Has your doctor said your blood pressure is too high? yes no

Has a doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or made worse by exercise? yes no

Have you been in hospital in the last 3 years? yes no

Are you currently taking any medication? yes no

If yes, what is the medication? yes no

Are you pre/post natal? yes no

Do you suffer from asthma or breathing difficulties? yes no

Do you suffer from diabetes or epilepsy? yes no

Do you suffer from an allergy? yes no

Is there a good reason not mentioned here why you should not follow an activity programme?
Have you answered 'Yes' to one or more questions? if so:

If you have not recently done so, consult with your doctor before increasing your physical activity and tell your doctor which questions you answered 'Yes' to.

if in any doubt, seek your doctor's advice as to your suitability for unrestricted physical activity that progresses gradually.

How would you describe your level of fitness. Please tick.

Very Fit

Fit

Average

Unfit

Not fit at all.

Please continue to hydrate while exercising.

Please eat a large meal 2 hours prior to exercise and a light meal an hour and a half before exercise.

Height :feet_____ cm_____

Weight : stone_____ kg_____

Age:

Your goals :

what would you like to achieve?

Body fat reading (if known)

BMI Reading (if known)

Have you forwarded a food diary to us (Body Transformations Ltd)

If you're health changes please inform us immediately.