

PTARRYN LUCAS FITNESS

CLIENT INFORMATION AND MEDICAL HISTORY FORM

NAME..... DATE.....

ADDRESS.....

SUBURB..... POSTCODE.....

EMAIL ADDRESS.....

HOME PHONE..... WORK PHONE.....

MOBILE..... DATE OF BIRTH .....

RELATIONSHIP STATUS..... OCCUPATION.....

IS YOUR JOB PHYSICAL / SEDENTARY ( PLEASE CIRCLE )

EMERGENCY CONTACT.....

EMERGENCY CONTACT NUMBERS.....

ARE YOU CURRENTLY EXERCISING OR PLAYING/DOING OTHER SPORTS?

.....

WHAT DO YOU WANT TO ACHIEVE FROM TRAINING SESSIONS ? PLEASE CIRCLE

STRESS MANAGEMENT, IMPROVE MUSCLE TONE, STRENGTH TRAINING, INCREASE MUSCLE MASS, INCREASE ENDURANCE , REDUCE BODY FAT, REHABILITATION

HOW MANY EXERCISE SESSIONS DO YOU DO EACH WEEK ? .....

HOW IMPORTANT IS EXERCISE TO YOU ON A SCALE OF 1- 10 ?( 10 BEING THE MOST IMPORTANT )

.....

ARE YOU CURRENTLY DIETING AND OR WATCHING YOUR EATING HABITS ?

.....

DO YOU HAVE ANY CURRENT OR PREVIOUS INJURIES AND OR ALIMENTS THAT MAY PREVENT YOU FROM STARTING EXERCISE ?

.....

.....

ARE THERE ANY PHYSICAL OR MENTAL CONDITIONS THAT MAY LIMIT YOUR ACTIVITY OR CAUSE YOU ANY HARM WHILST UNDERTAKING EXERCISE ?

.....

.....PTO

DO YOU SUFFER FROM OR HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING?(PLEASE CIRCLE)

ARTHRITIS.....ASTHMA.....

DIABETIES.....EPILESPY.....

HEART CONDITION..... HIGH/LOW BLOOD PRESSURE.....

DO YOU EXPERIENCE OR HAVE YOU EVER EXPERIENCED?( PLEASE CIRCLE )

ANY INFECTIONS OR INFECTIOUS DISEASES .....

BACKPAIN .....

CHEST PAIN/HEART PALPITATIONS .....

HAVE YOU BEEN PREGNANT RECENTLY .....

POOR / DISTIRBED SLEEP .....ARE YOU WAKING UP TIRED OR REFRESHED.....

DO YOU ALLOW FOR TARRYN LUCAS TO USE PHOTOS OF YOURSELF FOR ADVERTISING PURPOSES?

YES or NO

DECLARTION

IMPORTANT NOTE: If you proceed with this physical activity and, during that period, your health changes so that you would subsequently circle yes to any of the above questions, please inform us so we can adjust your health screening/medical forms.

For Direct Debit Clients- you accept to the conditions of the debit form and your debit option

I.....HEREBY CONSENT TO TARRYN LUCAS, MERIMBULA THAT ALL INFORMATION I HAVE PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ACCEPT THAT I WILL WAIVE ANY CLAIM OF ANY NATURE AGAINST TARRYN LUCAS FOR ANY ILLNESS, INJURY OR CHANGE IN MEDICAL CONDITION THAT MAY ARISE WHILST ATTENDING OR PARTICIPATING IN ANY EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY.ANY RIGHTS THAT MAY BE GRANTED TO ME BY LAW WHICH ARE NOT CAPABLE OF CHANGE REMAIN UNAFFECTED BY THE TERMS OF THIS AGREEMENT. I UNDERSTAND THAT THERE IS A RISK OF INJURY ASSOCIATED WITH PARTICIPATING IN THIS, AND THEREFORE CERTIFY THAT I AM IN GOOD PHYSICAL CONDITION TO COMMENCE ACTIVITY.

SIGNED - CLIENT .....DATE.....

SIGNED – TRAINER .....DATE.....

NOTES ;