

Confidential Health and Lifestyle Questionnaire

Name _____
 Address _____
 Home telephone _____
 Work telephone _____
 Email _____
 Occupation _____
 Date of birth _____

Doctor's name _____
 Address _____
 Telephone _____

Emergency contact _____
 Relationship _____
 Home telephone _____
 Work telephone _____

HEALTH QUESTIONNAIRE

Have you, or do you suffer from any of the following?

Asthma	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>
Angina	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High cholesterol	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	Frequent colds	<input type="checkbox"/>	Palpitations	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	Dizziness/fainting	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	Migraines	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Joint pains	<input type="checkbox"/>

Please provide details where applicable. _____

Have any of your first-degree relatives experienced the following conditions?

Heart attack Heart operation Congenital heart disease High cholesterol

Have you ever had surgery? Yes No
If yes, give details.

Please list any injuries you've had in the past, i.e., broken bones, sprains, etc.

Do you have tension or soreness in a specific area?
If yes, give details. Yes No

Do you experience numbness, tingling or stabbing pains anywhere?
If yes, give details. Yes No

Are you sensitive to touch/pressure in any area?
If yes, give details. Yes No

Do you experience stiff, swollen or painful joints?
If yes, give details. Yes No

What is your "chief complaint"?

Date of onset and duration

What incident do you feel may have caused the problem?

Treatment to date

Previous diagnoses

Does your "chief complaint" affect you on a day-to-day basis?
If yes, give details. Yes No

Are the symptoms brought on by certain activities?
If yes, give details. Yes No

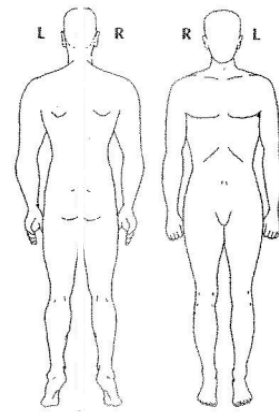
Do specific activities or positions alleviate your symptoms?
If yes, give details. Yes No

When is the pain worse?

Do you experience fatigue or lack of energy?
If yes, give details. Yes No

Have you had any of the following: physical therapy, osteopathy, massage therapy, other? *If yes, please elaborate.* Yes No

Please list any medications you are currently taking.



Indicate on the diagrams where you have been experiencing pain.

DIET QUESTIONNAIRE

Do you follow, or have you recently followed, any specific dietary intake plan? Yes No
If yes, give details

In general, how do you feel about your nutritional habits?

Daily Dietary Intake

No. of cups of coffee _____	Amount of sugar _____
No. of cups of tea _____	Chocolates _____
Glasses of coke/soda _____	Sweets _____
Glasses of milk _____	Alcohol _____
Glasses of water _____	Portions of fruit _____
Bread, pasta _____	Portions of vegetables _____

Food Diary Snapshot

Breakfast _____	Time _____
Snack _____	Time _____
Lunch _____	Time _____
Snack _____	Time _____
Dinner _____	Time _____
Snack _____	Time _____



General Information

Have you ever had a personal trainer?

If yes, give details of when and for how long

How did you find out about my services?

- | | | | |
|-------------------|--------------------------|--------------|--------------------------|
| Brochure | <input type="checkbox"/> | Yellow pages | <input type="checkbox"/> |
| Newspaper | <input type="checkbox"/> | Website | <input type="checkbox"/> |
| Referral, specify | <input type="checkbox"/> | | |

Why did you choose to train with my organisation?

- | | | | |
|----------------|--------------------------|---------------------|--------------------------|
| Word of mouth | <input type="checkbox"/> | Quality of programs | <input type="checkbox"/> |
| Location | <input type="checkbox"/> | Cost | <input type="checkbox"/> |
| Other, specify | <input type="checkbox"/> | | |



TERMS & CONDITIONS & CLIENT TRAINER AGREEMENT

These terms and conditions will apply to anyone booking coaching with Matt Luxton Health and Fitness or contacting Matt Luxton Health and Fitness through the website. Instructions by a client to commence coaching will constitute acceptance of these terms and conditions.

The client is asked to pay special attention to the provisions related to liability and cancellations.

The Coaches Obligations

- The coach will use their skills and knowledge to design a safe programme of exercise that will take into account the client's personal goals, fitness levels and likes and dislikes related to exercise.
- The coach will provide the coaching, supervision, advice and support that the client may need to help them achieve their goals.

The Client's Obligations

- All client information will be kept strictly private and confidential. If the coach requires further medical information from a medical practitioner, the client must provide such details.
- It is understood between client and coach that both must commit to the programme 100% in order to achieve results.
- The client is required to arrive on time for each training session so that a full session can be achieved on each visit.
- The client is required to wear appropriate clothing and footwear. Clothes should be loose fitting and non-restrictive. Footwear should be comfortable and provide adequate support and no outdoor shoes are to be worn on the studio floor. Clients are required to bring their own water or choice of hydration.

Personal Training Terms & Conditions

1. Health Screening

- All clients must complete a PAR-Q before commencing any exercise programme.
- Your coach may require a letter of 'medical clearance' from your GP. Please be aware that your GP may charge for providing this letter.
- Your coach cannot be held liable in any way for undeclared or unknown medical conditions.

2. Cancellation Policy:

- **24 hours** notice of cancellation is required for all appointments.
- Notice of less than 24 hours will incur **a full payment** of the session fee.

3. Lateness Policy:

- If the client is late for a session the session cannot be extended and will end at the appointed time.
- If the coach is late additional time will be added to the session or to subsequent sessions.

4. Fee Charging Policy:



- The minimum commitment is 10 calendar weeks. The payments are paid in 10 x 5 weekly instalments based on a 50-week year, that includes a 2 week break over Christmas. This will where appropriate be pro rata if joining mid way through a 5-week block.
- Payment for these sessions must be made before the first session booking.
- All sessions must be used within the 5 week block and cannot be carried into a subsequent month.
- All monies paid are non-refundable or exchangeable for any other service.
- Notice of 7 working days prior to the next payment is considered reasonable to change your payment plan should you wish to change the plan your are on.

Liability

This Liability section applies only to the extent permitted by law. For the avoidance of doubt, Matt Luxton Health and Fitness does not exclude or limit any liability for (a) personal injury (including sickness and death) where such injury results from Matt Luxton Health and Fitness negligence or wilful default, or that of Matt Luxton Health and Fitness employees, agents or subcontractors or (b) fraudulent misrepresentation.

Matt Luxton Health and Fitness does not accept liability (except as set out below) for any errors and omissions and reserve the right to change information, specifications and descriptions of listed packages and services. Matt Luxton Health and Fitness will do its best to correct errors and omissions as quickly as practicable after being notified of them.

Matt Luxton Health and Fitness does not accept any liability whatsoever for any indirect loss, consequential loss, loss of data, loss of income or profit, loss of damage to property and/or loss from claims of third parties arising out of the use of the this website or services purchased from Matt Luxton Health and Fitness Personal Training or any other damage howsoever caused.

Website Terms:

The owner of www.mattluxtonhealthandfitness.com is Matt Luxton. By registering on the website or becoming a client of Matt Luxton Health & Fitness, you agree that e-mail can be used as a long-distance means of communication.

TO THE FULLEST EXTENT PERMITTED BY LAW, MATT LUXTON HEALTH & FITNESS IS PROVIDING THIS WEB SITE AND ITS CONTENTS ON AN "AS IS" BASIS AND MAKES NO (AND EXPRESSLY DISCLAIMS ALL) REPRESENTATIONS OR WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, WITH RESPECT TO THIS WEB SITE OR THE INFORMATION, CONTENT, MATERIALS OR PRODUCTS INCLUDED IN THIS SITE INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. IN ADDITION, FUNCTIONALLY AWARE FITNESS DOES NOT REPRESENT OR WARRANT THAT THE INFORMATION ACCESSIBLE VIA THIS WEB SITE IS ACCURATE, COMPLETE OR CURRENT.

Miscellaneous:

Matt Luxton Health and Fitness may amend these terms and conditions from time to time, and place the new version on the website. All sessions, packages and purchases from Matt Luxton Health and Fitness from the date that the amended terms are placed on our website onwards will be governed by those new terms.

These terms and conditions shall apply when you use the Matt Luxton Health and Fitness website. They shall supersede any and all other conditions, understandings, commitments, agreements or representations (except fraudulent misrepresentations) whether oral or in writing. Matt Luxton Health and Fitness advises that you print off and keep safe a copy of these terms and conditions.

You are advised to read (and are responsible for reading) all information on this website fully.

If any of these terms are held to be invalid or unenforceable, those terms will be struck out and the other terms remain. These terms and conditions are subject to the laws and exclusive jurisdiction of the United Kingdom of Great Britain and Northern Ireland.

I recognise and understand all the terms and conditions set between my trainer and myself and agree to follow all the guidelines set out above.



Fitness Assessment - Informed Consent

Explanation of the exercise test - You will perform a number of exercise tests. These tests will vary in exercise intensity. You will be monitored closely throughout and only asked to complete tests appropriate to your fitness level. Your trainer may stop any test at any time because of signs of fatigue or, you may stop when you wish because of personal feelings of fatigue or discomfort.

Risks and discomforts - there exists the possibility of certain changes occurring during these tests. They include but are not limited to, abnormal blood pressure, fainting, disorder of heartbeat and in rare instances, heart attack, stroke or death. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during testing.

Responsibilities of the client - information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercise tests. Your prompt reporting of feelings of effort during the testing itself is also of great importance. It is your responsibility to fully disclose such information when requested.

Benefits to be expected - the results obtained from the series of tests will assist in evaluating what type of physical activities you may participate in.

Freedom of consent - your permission to perform the exercise tests is voluntary. You are free to deny consent or stop at any point, if you so desire.

I have read this form and I understand the test procedures that I will perform. I consent to participate.

Client Sign:

Print Name:

Date:

Trainer Sign:

Print Name:

Date:

Physical Activity Readiness Questionnaire (PAR-Q)

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly: check YES or NO.

Please tick either YES or NO

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Do you feel pain in your chest when you do physical activity? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. In the past month, have you had a chest pain when you were not doing physical activity? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Is your doctor currently prescribing medication for your blood pressure or heart condition? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Do you know of <u>any other reason</u> why you should not do physical activity? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If yes, please comment: _____

YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

NO to all questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature _____

Print name _____

Date _____

Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.

Signature _____

Date _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.



Disclaimer Form

To be signed by ALL participants

I have willingly chosen to participate in fitness training sessions provided by Matt Luxton Health and Fitness. I understand that I will perform activities including but not limited to: cardiovascular exercise, muscular strength and endurance exercise, power training, flexibility training. I declare that I am in good physical condition, and have no disabilities or medical conditions, which could adversely affect my ability to perform such tasks as, outlined above.

In consideration of my participation in training classes conducted by Matt Luxton Health and Fitness, I hereby release Matt Luxton Health and Fitness (its employees and owner) from any claims, demands and causes of action resulting from my participation in the class.

I fully understand that I may become injured as a result of my participation in the class and I hereby release Matt Luxton Health and Fitness (it's sub contractors /employees and owner) from any liability now or in the future including, but not limited to heart attacks, muscle strains pulls or tears, broken bones, shin splints, heat stroke, knee/lower back/foot injuries, miscarriages, death and any other illness, soreness or injury, however caused occurring during or after my participation in the class. I hereby declare that Matt Luxton Health and Fitness (its employees and owner) shall not be held liable for any direct, indirect, incidental, special or consequential damages or injury to myself.

In consideration of being allowed to participate in the circuit class offered by Matt Luxton Health and Fitness and to use its equipment, I do hereby waive, release, and forever discharge Matt Luxton Health and Fitness and its employees and owner from any and all responsibilities or liability from injuries and damages resulting from my participation in the class, or my use of equipment in the class. I understand and I am aware that the use of fitness equipment is a potentially hazardous activity. I also understand that fitness activity involves a risk of injury and even death to me, and that I am voluntarily participating in these activities with knowledge of dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death to me.

I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities. I declare myself physically fit and able to participate. Should my physical well-being statuses ever change; I declare that I will inform Matt Luxton Health and Fitness before commencing another session.

Signed:.....

Print Name:.....

Date:.....