



Client Profile

Client Details

Mr Mrs Miss Ms Other

Height in Cm's Weight in Kg's

Forename:

Telephone:

Surname:

Mobile:

Address:

Email:

DOB:

Post Code:

Doctors Name:

In a case of emergency who may we contact ?

Tel Number:

Relationship

Name:

Client Signature:

Tel:

Confidential Health Questionnaire

What is your general state of health?

Do you suffer from any of the following medical conditions?

- Angina Blood Pressure High/ Low High Cholesterol Heart Conditions
- Allergies Cancer Diabetes

Are you suffering from any of the following conditions? Lifestyle Questionnaire

- Arthritis Hyperthyroid
- Asthma IBS
- Back problems Joint Pain
- Constipation Migraine Headaches
- Depression Palpitations
- Dizziness Psoriasis
- Eczema Menopause
- Epilepsy Rheumatism
- Fainting Shortness of Breath

- | Y | N | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from insomnia? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant or breast feeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery in the past 6 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a history of family illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you exercise regularly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you taking any medication? |

If 'Y' Please list:

Are there any other conditions for which the doctor has said you should avoid exercise? or any relevant information that would be good for us to know about you.

Occupation:

On a scale of 1~10(1=not active, 10=very active) please rate how active you are on a daily basis?

Dietary Habits:

What would you like to achieve from our sessions, what are your goals?

What do you feel is the biggest challenge you must overcome in attaining your Goals?

You acknowledge that certain elements of the Sessions can be physically demanding and you are aware of the nature of the Sessions and the associated risks involved. As a condition of your enrollment , you agree that you are physically capable of participating in the Sessions and accept full and complete responsibility for your own participation in the Sessions. You agree that should any medical or physical reason arise prior to or during a Session which is likely to affect your ability to participate in a Session you will not attend / will withdraw from the Session. Without limiting the foregoing, before taking part in any Sessions you must complete a [PAR-Q] and if appropriate seek advice from your doctor.

You agree and acknowledge that, if required, it is your obligation to take out personal accident and personal items insurance and that it is your responsibility to store any valuables in a safe place.

You agree that Eco Fitness liability for personal injury, death or loss or damage to property is limited to any damage or loss suffered as a direct result of the negligence of Eco Fitness or its employees or agents.

You further agree that Eco Fitness shall not be liable to you for any indirect or consequential loss or damage including loss of earnings arising out of your participation in the Sessions nor for an aggregate amount greater than the fee paid for the Sessions.

All information on this form is correct to the best of my knowledge and I have sought, and followed, any necessary medical advice.

All information will be kept confidential.

Client Signature:

Date: