



WELLNESS QUESTIONNAIRE

The information obtained in this questionnaire is for the purpose of improving our services and will be treated as private and confidential. No information collected from this questionnaire will be released or disclosed without your consent.

PERSONAL DETAILS

First Name: _____ **Last Name:** _____

Age: _____ **DOB:** / / **Sex:** M / F

Address: _____

Suburb: _____ **State:** _____ **P/Code:** _____

Phone – M: _____ **H:** _____ **B:** _____

Email: _____

Occupation: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ **Relationship:** _____

MEDICAL INFORMATION

Have you ever had or do you have? (Please Tick)

Heart Condition	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	Recent Surgery	<input type="checkbox"/>
Angina	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Pregnancy or Post	<input type="checkbox"/>
Asthma or Breathing Difficulties	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>
Joint Problems	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>

Please specify any other conditions or injuries that may limit your physical activity:



MEDICAL INFORMATION (cont.)

Is a doctors consent required?

YES / NO

Are you currently taking any medications?

YES / NO

If so, are there any significant side effects? _____

Do you smoke?

YES / NO

If so, on average how many per day would you smoke: _____ / day

What best describes your alcohol intake?

Non drinker	<input type="checkbox"/>
1-2 per day	<input type="checkbox"/>
Upto 5 per day	<input type="checkbox"/>
5 or more per day	<input type="checkbox"/>
Social drinker	<input type="checkbox"/>

Describe your general dietary intake?

Poor	<input type="checkbox"/>
OK	<input type="checkbox"/>
Good	<input type="checkbox"/>
Excellent	<input type="checkbox"/>

EXERCISE

Do you engage in any regular exercise or sport, now or in the past?

YES / NO

If so, please specify: _____

Have you ever had any bad experiences with exercising or trainers?

YES / NO

If so, please specify: _____

Have you ever participated in gym-orientated exercise before?

YES / NO

If so, what type. (e.g. cardio and strength?): _____



GOALS AND EXPECTATIONS

What are your short-term (6-8 weeks) health, exercise and nutrition goals?

What are your long-term (12mths +) health, exercise, nutrition goals and/or lifestyle changes?

What improvements do you expect from this camp?

What are your motivations behind joining this camp?

Name 2 things that motivate you:

1. _____ 2. _____

Name 2 things that de-motivate you or flatten your day:

1. _____ 2. _____

Please ask any questions regarding the exercise program or camp: _____



INFORMED CONSENT

- My involvement in this health and fitness appraisal, exercise sessions, programs and subsequent services provided by Health Motivated (HM) is completely voluntary
- I am free to decline consent at any time through this or subsequent sessions if I so desire.
- I consent to my participation in this health and fitness appraisal, exercise sessions, programs and subsequent services provided by HM, and I am willing to participate in these activities at my own risk.
- I withdraw my right to make any claims of any kind whatsoever against the management, trainers, fitness centres and/or any other training area or facilities used in conjunction with HM, for any injury or illness arising directly or indirectly from the services I have undertaken, as well as any advice I have or will receive from HM, and any other association within their network.
- I understand at times, there can be vigorous exercises and I will not hold HM or any staff, facility or association within, responsible for any injury, illness that may occur.

Terms and conditions

1. Participation will commence after full payment has been received
2. I understand the length and entitlement of this service and therefore I am only intitled to the same mount of services specified
3. Any missed session may be completed on other occasions and only to the amount of sessions missed
4. Refunds are not available for any sessions missed throughout the program
5. HM reserves the right to cancel or postpone any sessions throughout the course of the program
6. HM reserves the right to remove any member conducting themselves in a dangerous and/or unethical fashion without refund
7. Cancellation within 24hr of any booked personal training sessions will be non refundable
8. I agree and understand all terms and conditions of this consent form

I have read, understood and agree to this consent form and service package, and understand what is involved in testing, exercise and services provided by Health Motivated.

The information I have provided is correct and accurate to the best of my knowledge at this time.

Name of Participant: _____

Signature of Participant: _____

Date: / /

Name of Witness: _____

Signature of Witness: _____

Date: / /