



# HEALTH & FITNESS APPRAISAL

## Your details

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Phone: M \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Emergency Contact details

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health Provider's details

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Practice Name: \_\_\_\_\_ Suburb: \_\_\_\_\_

Obstetrician/Gynaecologist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physiotherapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Chiropractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Osteopath Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Medical Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Family details

Do you have children? Y or N (circle) If yes, what age are your children?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Kindy/  
School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Kindy/  
School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Kindy/  
School: \_\_\_\_\_

## Medical details

Family history of heart disease (eg stroke, heart attack)

Relative	Age	Relative	Age
<input type="checkbox"/> Father	_____	<input type="checkbox"/> Mother	_____
<input type="checkbox"/> Brother	_____	<input type="checkbox"/> Sister	_____
<input type="checkbox"/> Son	_____	<input type="checkbox"/> Daughter	_____

Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months? Y or N (circle)

If currently smoking, how many per day or week? \_\_\_\_\_

Describe your current physical activity/exercise levels:

Sedentary       Light       Moderate       Vigorous

Frequency (sessions per week) \_\_\_\_\_

Duration (sessions per week) \_\_\_\_\_

Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Have you been told that you have high blood pressure?    Y or N (circle)

Have you been told that you have high cholesterol?      Y or N (circle)

Have you been told that you have high blood sugar?      Y or N (circle)

Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months?    Y or N (circle)

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking a prescribed medication(s) for any medical condition(s)?    Y or N (circle)

If yes, what is the medical condition(s): \_\_\_\_\_  
\_\_\_\_\_

Are you pregnant or have you given birth within the last 12 months?    Y or N (circle)

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity?    Y or N (circle)

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

**Sleep and Energy Levels**

I get approximately \_\_\_\_\_ hours sleep every night.

I have     lots       average amounts       not enough (please tick) of energy throughout the day.

**Stress**

On a scale of 1 – 10, how would you rate your stress level? (1 = no stress; 10 = very high stress levels)

List your three greatest sources of stress:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Goal Setting**

*Short Term Goal:*

What is your ultimate fitness goal/s?

(Please be specific, make your goals measurable ie if you want to lose weight please write exactly how much you want to lose. If you want to be prepared for an event, please note dates etc.)

Please choose goals that are meaningful to you, not to anybody else.

---

---

---

---

---

*Long Term Goal:*

What are your ultimate goals for the next 12 months?

---

---

---

---

---

*How are you going to reach this goal? What time can you commit to this?*

Please specify exactly how much time you have each day, what times and what you can do. Put these times into your diary and make it your priority to not cancel this appointment for anything.

---

---

---

---

---

*Barriers to Exercising (circle all that apply and explain - be honest)*

Time \_\_\_\_\_

Work \_\_\_\_\_

Family \_\_\_\_\_

Convenience \_\_\_\_\_

Illness/injury \_\_\_\_\_

Lack of enjoyment/discomforting \_\_\_\_\_

Don't know what to do \_\_\_\_\_

Doesn't work for me \_\_\_\_\_

Others (list) \_\_\_\_\_

List habits that need improving:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Who is your support person? (Support people are those who will help to encourage you to stay on track and achieve your health and fitness goals - (eg mother/father, friend, husband/wife/partner, daughter/son etc)

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How will you know if you've achieved your goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Marketing**

How did you hear about His and Her Time? (please tick)

- |   |   |
|---|---|
| <input type="checkbox"/> Referral from _____          | <input type="checkbox"/> Yellow Pages                         |
| <input type="checkbox"/> Flyer                        | <input type="checkbox"/> Car                                  |
| <input type="checkbox"/> Paper – Messenger/Advertiser | <input type="checkbox"/> Website (what did you google?) _____ |
| <input type="checkbox"/> Word of Mouth                | <input type="checkbox"/> Car                                  |

### **Consent**

I understand and am aware that from time to time His and Her Time may use photographs or videos taken at scheduled sessions for use by His and Her Time for promotional purposes.

I hereby consent to the collection and use of my personal photograph and video.

I acknowledge these may be used on the His and Her Time website/Team App/Facebook page or in brochures, internal newsletters and other marketing collateral.

I further acknowledge that my image may be used by His and Her Time to promote the business in the future.

I further understand that this consent may be withdrawn by me at any time, upon written notice to His and Her Time.

If you do not consent to the above please tick here

### **Make Up Sessions**

Each participant is responsible for attending the number of sessions per week that they have paid for. Should a participant miss a session, for any reason, the session must be made up within the calendar month that the session was missed or the session(s) will be forfeited. To be entitled to make up a session your payments must be up-to-date or the missed sessions are automatically forfeited. If you book for a makeup session (eg a Saturday session) and are then unable to attend, this session will be forfeited. If sessions are missed due to an injury or a medical certificate has been acquired an alternative arrangement can be agreed.

His and Her Time have wet weather venues, so sessions will be run rain, hail or shine!

Signed: \_\_\_\_\_

Date: / /



# PARTICIPATION AGREEMENT

## THIS IS AN IMPORTANT DOCUMENT WHICH EFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS

Please read it carefully and do not sign it unless you understand it.  
If you have any questions, please ask.

1. I understand and am aware that strength training, flexibility and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all risks of injury or death.

2. I do hereby further declare myself to be physically sound and suffering from no condition or impairment, disease, infirmity, or other illness that would prevent my participation in the Program.  
I do hereby acknowledge that I have been informed of the need for a doctor's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activities and use of equipment and machinery without the approval of my doctor and do hereby accept all responsibility for my participation, activities and utilization of equipment and machinery in my activities.

### DECLARATION:

- I, the under signed, in consideration of and as a condition of my entry in the Program of fitness activity for myself, heirs, executors and administrators shall hold harmless and waive all and any claim, right or cause of action which I or they aught otherwise have for or arising out of loss of my life or injury, damage or lass of any description whatsoever which I may suffer or sustain in the course or consequent upon my entry or participation in the said Program of fitness activity.
- This waiver, release and discharge shall be and operate separately in favor of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the Program of fitness activity herein described or contemplated by this agreement and the servants, agents, representative and officers of them.
- A court's decision will be final and no correspondence or disputes entertained.

### ACKNOWLEDGMENT RELEASE AND ASSUMPTION OF RISK

Participant's name: \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_

Date: / /

If under 18 years of age, signature of parent or guardian required:

Signed: \_\_\_\_\_

Date: / /