



Client Name: _____

E.P.T - Elizabeth Harper Personal Training

Thank you for taking the time to... Tell me about you?

First Name _____ Surname _____
Address _____
Postcode _____ Mobile Phone _____
Home Phone _____ Work Phone _____
Your Email _____ Birth date _____
Emergency Contact Name _____
Emergency Contact's Phone Number _____
Your Occupation: _____

Assess your health needs by ticking either **YES** or **NO**

History – you have had:

Yes No

- 1. A heart attack
- 2. Heart surgery
- 3. A Pacemaker
- 4. Heart Failure
- 5. Heart Valve Disease
- 6. A Heart Transplant
- 7. Congenital Heart Disease
- 8. Has a doctor ever said that you have a heart condition and that you should Only do physical activity recommended by a doctor?

Symptoms - you experience:

Yes No

- 1. Do you feel chest pain with physical activity
- 2. In the past month, have you had chest pain when you were not doing Physical activity?
- 3. Unreasonable breathlessness
- 4. Dizziness, fainting, blackouts, loss of consciousness
- 5. Do you have a bone or joint problem (e.g back, knee, shoulder, ankle, or hip) that needs rehabilitation or that could be made worse by a change in your physical activity?

Other health items – you:

Yes No

- 1. Take prescription medications
- 2. Is your doctor currently prescribing drugs (e.g water pills) for your blood

Date: _____



Client Name: _____

Pressure or heart condition?

- 3. Are over the age of 69
- 4. Take heart medications
- 5. Are pregnant
- 6. Trying to conceive
- 7. Had an operation in the last six months
- 8. Are <6 weeks post-natal and/or have **not** had your 6 week post-natal visit
With your doctor?
- 9. Have had a caesarian in the last 12 weeks? Breastfeeding?
- 10. Have had Cancer? Details: _____
- Do you know of any other reason why you should not do physical activity?**

*If you marked **YES** to any of the questions in this section you may have to visit an allied health professional or medical practitioner before commencing an exercise program.*

Assess your cardiovascular risk by ticking either **YES** or **NO**

You:

Yes **No**

- Are male, over 45 years
- Are postmenopausal
- Are a smoker
- Have BP > 140/90 mmHg
- Take BP medication
- Have high cholesterol
- Have family history of heart attack
- Are diabetic
- Are physically inactive
- Have epilepsy
- Have asthma, emphysema, COPD, other Lung Conditions

*If you marked **YES** to two or more questions in this section you may have to visit an allied health professional or medical practitioner before commencing an exercise program. If you did not, then that's awesome... you are a picture of health and we can get on with moving towards your goals immediately!*

Do you take any prescription medications, pills, tablets or supplements? **YES** or **NO**

If yes, please tell me about them _____

Does this client need to be referred to a medical practitioner for a medical release form before commencing a physical activity program? YES or NO

Date: _____



Client Name: _____

What is your exercise history?

What exercise do you currently take part in? _____

How often do you do this exercise? _____

How would you rate your level of exertion (score out of 10) during this exercise? _____

How long have you been doing this exercise? _____

If you have not been exercising, how long has it been since you last participated in regular exercise? _____

WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

Agreement for Participating in Personal/Group Strength, Fitness and Conditioning Training

The “**Trainer**” refers to the Australian Registered Business “E.P.T- Elizabeth Harper Personal Training”

The “**Activity**” refers to the participation in personal/group strength, fitness and conditioning training and general advices

- I acknowledge that it is a condition of participating in this activity that I do so at my own risk
 - I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands, and proceeding arising out of or connected with my participation in this activity
 - This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns
 - I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings
 - I recognize the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise
 - I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my Trainer will be immediately informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.
 - I certify that I am 18 years or older and have read this document and fully understand it
- OR
- As a parent of guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to

Signature: _____ (guardian/parent to sign if under 18 years of age)

Full name (please print): _____

Date: _____

Name of Trainer: _____

Signature of Trainer: _____

Date: _____

Date: _____