



PRE-SCREENING QUESTIONNAIRE: FIRST TIME CLIENTS

Personal Information:

Name: _____ Date of Birth: ____/____/____
 Age: _____ Gender: M / F Email: _____
 Address: _____ City: _____ Area Code: _____
 Phone: _____ Occupation: _____
 Emergency Contact Person: _____ Emergency phone: _____

Medical Information

Have you ever had or do you have any of the following? (Please Tick all that apply)

- | | |
|------------------------------|----------------------------------|
| High blood pressure* | High Cholesterol |
| Heart/Stroke condition* | Asthma or breathing difficulties |
| Pain/Tightness in the chest* | Muscle pain/cramps |
| Dizziness or fainting* | Epilepsy |
| Diabetes | Back pain |
| Arthritis | Joint pain |

If you answered YES to any of the above please provide details:

If you have answered YES to two or more of the above cardiac risk factors in orange, then you should see a doctor for a medical clearance before starting the training programme.

Is there anything that we should know that may limit your activity or participation on our Programme? Yes / No

If yes, please specify:

It is recommended that participants with major joint issues, knee, shoulder, ankle, back injuries seek medical clearance before starting the training programme. If you still wish to participate you need to acknowledge that some sessions/movements may not be suited to your injury/issue: i.e people with joint issues should not participate in the high impact sessions. We highly recommend the attending some of the low impact sessions in the water to help ease the body in to high intensity training. Please speak to us if you have any questions. Sessions cannot be modified to suit individuals however movements can be modified. We generally offer 3 different exercise movement intensity levels that can suit all fitness levels.

Has a doctor imposed any activity restrictions? Yes / No

If yes, please describe:

Do you engage in regular exercise/sport? Yes / No

If yes, describe the nature of the programme. E.g. Soccer, weight programme, walking

What is the main reason for joining this programme? (Please Tick all which apply)

Body fat reduction

Cardiovascular fitness

Muscular strength

General Wellbeing

Muscular Definition

Increased flexibility

Social

Try something new

Weight loss

Other (Please specify): _____

If there is any other information you think we should know please use the space below:

I have answered all questions honestly and completely to the best of my ability.

Participant Signature: _____ **Date:** _____