CLIENT HEALTH QUESTIONNAIRE

All information received on this form will be treated as strictly confidential. Please fill out the forms ***completely and accurately***. This information is essential to helping us develop a program that addresses your needs, goals and interests and is safe and effective.

Name: _____ Date of Birth____/____/____ Age:_____
M D Y

Address: _____
Street City State Zip Code

Phone: _____(h) _____(o) _____(fax)

Email address: _____

Occupation:_____

Emergency Contact: _____ Relationship: _____

Phone Number:
_____

Physician's Name: _____ Physician's Phone:_____

Physician's Address: _____
Street City State Zip Code

Please provide 24 hours notice if you need to cancel or reschedule your appointment.

Vibes Fitness
Boutique PT Studio
106 Leicester st, Fitzroy 3065
Call for a Complimentary Consultation

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106 LEICESTER ST
FITZROY, 3065
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PAR-Q FORM

Please mark YES or No to the following:	YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	____	____
Do you frequently have pains in your chest when you perform physical activity?	____	____
Have you had chest pain when you were not doing physical activity?	____	____
Do you lose your balance due to dizziness or do you ever lose consciousness?	____	____
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?	____	____
Are you pregnant now or have given birth within the last 6 months?	____	____
Have you had a recent surgery?	____	____

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

Please check which of the following conditions you have had or now have and list any medication you are currently taking for that condition. Also check medical conditions in your family (father, mother, brother(s), or sister(s)). Check all that apply.

Personal	Family	Medical Condition	Medication
❑	❑	Coronary heart disease, heart attack	_____
❑	❑	Angina	_____
❑	❑	High blood pressure ___ mm Hg	_____
❑	❑	High cholesterol _____ mg/dl	_____
❑	❑	Peripheral vascular disease	_____
❑	❑	Phlebitis or emboli	_____
❑	❑	Epilepsy	_____
❑	❑	Stroke	_____
❑	❑	Emphysema	_____
❑	❑	Pneumonia	_____
❑	❑	Asthma	_____
❑	❑	Bronchitis	_____
❑	❑	Diabetes (specify type: _____)	_____
❑	❑	Thyroid conditions	_____
❑	❑	Osteoporosis	_____
❑	❑	Arthritis	_____
❑	❑	Anemia (low iron)	_____
❑	❑	Bone fracture	_____
❑	❑	Depression	_____
❑	❑	High anxiety, phobias	_____
❑	❑	Eating disorders (anorexia, bulimia)	_____
❑	❑	Sleeping problems	_____

How does this medication affect your ability to exercise or achieve your fitness goals?

_____

If you have marked YES to any of the above, please elaborate below:

_____

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Lifestyle Related Questions:

1) Do you smoke? YES NO If yes, how many?_____

2) Do you drink alcohol? YES NO If yes, how many glasses per week?_____

3) How many hours do you regularly sleep at night? _____

4) Describe your job: ❍ Sedentary ❍ Active ❍ Physically Demanding

5) Does your job require travel? YES NO

6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

7) List your 3 biggest sources of stress:
a. _____ b. _____ c._____

8) Is anyone in your family overweight? ❍Mother ❍Father ❍Sibling ❍Grandparent

9) Were you overweight as a child? YES NO If yes, at what age(s)?_____

Fitness History:

1) When were you in the best shape of your life? _____

2) Have you been exercising consistently for the past 3 months? YES NO

3) When did you first start thinking about getting in shape? _____

4) What if anything stopped you in the past? _____

5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)?_____

Nutrition Related Questions

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____

2) How many times a day do you usually eat (including snacks)? _____

3) Do you skip meals? YES NO 4) Do you eat breakfast? YES NO

5) Do you eat late at night? ❍ Sometimes ❍ Often ❍ Never

6) What activities do you engage in while eating? (TV, reading etc) _____

7) How many glasses of water do you consume daily? _____

8) Do you feel drops in your energy levels throughout the day? YES NO If yes, when?_____

9) Do you know how many calories you eat per day? YES NO If yes, how many?_____

10) Are you currently or have you ever taken a multivitamin or any other food supplements? Y N
If yes, please list the supplements:
_____
_____

11) At work or school, do you usually: ❍ Eat out ❍ Bring food

12) How many times per week do you eat out? _____

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13) Do you do your own grocery shopping? YES NO

14) Do you do your own cooking? YES NO

15) Besides hunger, what other reason(s) do you eat?

❍Boredom ❍ Social ❍ Stressed ❍ Tired ❍ Depressed ❍ Happy ❍ Nervous

16) Do you eat past the point of fullness? ❍ Often ❍ Sometimes ❍ Never

17) Do you eat foods high in fat and sugar? ❍ Often ❍ Sometimes ❍ Never

18) List 3 areas of your Nutrition you would like to improve:

a._____ b._____ c._____

Exercise Related Questions: Skip to next section if you are presently inactive.

1) How often do you take part in physical exercise?

5-7x/week 3-4x/week 1-2x/week

2) If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest Illness/Injury Lack of Time Other_____

3) How long have you been consistently physically active for? _____

4) What activities are you presently involved in?

Cardio &/or Sports	Frequency/Week	Average Length	Easy/Mod/Hard
_____	_____		
_____	_____		
_____	_____		

Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
	_____		

List exercises:_____

_____

Stretching	Frequency/Week	Average Length
	_____	

5) Please circle all the activities that interest you:

Aerobic Fitness Classes	Indoor Cycling	Snowshoeing
Baseball	Kayaking	Soccer
Basketball	Partner Training	Swimming
Boxing	Pilates	Tennis
Cross Country Skiing	Private Personal Training	Triathlon
Football	Racquetball	Volleyball
Golf	Rockclimbing	Walking
Group Personal Training	Running	Wallyball
Hiking	Skiing	White Water Rafting
Ice Skating	Snowboarding	Yoga

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Developing your Fitness Program:

1. Please circle how you prefer to exercise:

a) INSIDE OUTSIDE COMBINATION

b) LARGE GROUPS SMALL GROUPS ALONE COMBINATION

c) MORNING AFTERNOON EVENING

2. Realistically, how often a week would you like to exercise? _____x/week

3. Realistically, how much time would you like to spend during each exercise session? _____

4. What are the best days during the week for you to commit to your exercise program?

M T W T F S S

5. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Goal Setting:

How can we help you? Please check that which applies.

❍ Lose Body Fat ❍ Develop Muscle Tone ❍ Rehabilitate an Injury ❍ Nutrition Education
❍ Start an Exercise Program ❍ Design a more advanced program ❍ Safety
❍ Sports Specific Training ❍ Increase Muscle Size ❍ Fun ❍ Motivation posture • pilates
Other_____
Body awareness? Body shaping

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S= Specific (Provide details, how long, how much etc.)
M= Measurable (How will you measure whether you've reached your goals)
A= Attainable (Be realistic, set smaller goals)
R = Rewards-Based (Attach a reward to each goal)
T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

a)_____

b)_____

c)_____

2. Where do you rate health in your life? ❍ Low priority ❍ Medium Priority ❍ High priority

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5.

3. How committed are you to achieving your fitness goals? ❍ Very ❍ Semi ❍ Not very

4. What do you think the most important thing we can do to help you achieve your fitness goals?

_____
_____
_____
_____
_____

5. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).

_____
_____
_____

6. Outline 3 methods that you plan to use to overcome these obstacles:

a. _____ b. _____ c. _____

Miscellaneous Questions:

1. How did you hear about us? Please check that which applies.

❍ Brochure ❍ Word of Mouth ❍ Flyer ❍ Newsletter ❍ Website
❍ Health Professional (Doctor, Dietitian, Physical Therapist, etc) ❍ Meal Delivery Program ❍ WRS
❍ Other_____

2. If you were referred to us, who told you about our services?

_____

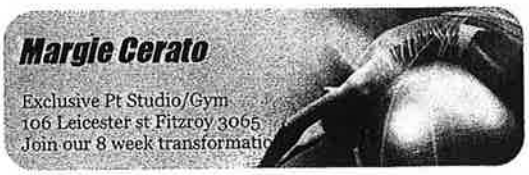
3. Why did you choose to work with Vibes Fitness instead of another organization? Please check that which applies.

❍ Location ❍ Personal Trainers ❍ Cost ❍ Customer Service ❍ Word of Mouth ❍ Programs
❍ Other_____

4. How far do you live from our facility? _____miles

5. Which newspaper(s) do you read? _____

6. Which magazine(s) do you read? _____



VIBES FITNESS

Creating Life Balance Energy and Choices

Vibes Fitness
ABN 59 602 470 573
PO Box 1683
Collingwood VIC 3066
Tel & Fax: 03 9347 9160
Mob: 0412 526 383
Email: margie@vibes.com.au
Web:
www.vibesfitness.com.au
wellness coaching & PT
"www.vibesyogamelbourne.com.au Antigravity Aerial yoga

Over 25 years experience

Boutique Personal Training Studio in Carlton

Thankyou for giving Vibes Fitness the opportunity to work with you and we look forward to Woking with you in the future.

Terms of engagement: please print name I_____
Named in the schedule whose signature appears below in consideration of Margie Cerato "Vibes Fitness" & "Pole Pilates" providing me with personal training and associated advice for myself, my heirs, my administrators and executors hereby convent and agree as follows:

DATE:	
1. To provide at least twenty four (24) hours notice I the event that I intend to cancel a session failing this full fee will be paid for that session. This also includes if you are sick. If you are feeling sick please call to reschedule 24 hrs priors. Thankyou	This only applies to 2 for 1 sessions and private sessions
2. I warrant that I am medically able and that I do not have any current known illness or disease.	All groups no pass outs-
3. I acknowledge that I undertake all training and carry out all tasks at my own risk. I recognise that any training activity is potentially hazardous if not performed correctly with correct technique using Pilate principles at all times.	
4. I hereby waiver any claim, right or clause of action that I might otherwise have for or arising from any illness, sickness, injury, death or damage of whatsoever nature which I may suffer or sustain in the course of and participation in any training or subsequent to any training.	
5. The waiver in clause (5) shall be and operate in favour of all persons, corporations and bodies involved or otherwise engaged in providing my training and associated advice and the servants, agents, representatives and officers of any of them.	
6. This document and waiver extends to all claims of any kind or nature whatsoever, foreseen or unforeseen known or unknown.	
Disclaimer: Please sign that all the above is read and understood.	
Name please print Contact Number:	
Address	
	Bank: Bendigo Bank BSB: 633 - 000 Account Name: Vibes Fitness
Signature:	Account Number: 121986111

VIBES FITNESS EVALUATION

CLIENTS NAME:		
DATE:		
BLOOD PRESSURE:		
FITNESS TEST RESULTS 1-5 (vo2 max)		
WEIGHT:		
HEIGHT: (cm)		
AGE:		
JOB:		

BODY FAT CALIPERS

Biceps	Triceps	Abs	Back	Total

MEASUREMENTS inches

Chest	Waist	Hips

Right Thigh	Left Thigh	Right Arm	Left Arm

STRENGTH AND FLEXIBILTY TEST - SIT N' REACH TEST

Poor	Good	Excellent

PUSH UP TEST – Men Toes, Women Knees
(Number performed using correct technique in 1 min).

Poor	Good	Average	Excellent

ABDOMINAL STRENGTH TEST

Poor	Good	Average	Excellent

BMI WEIGHT RANGE KG/M 2

Body Mass Index: Less than 18.5 is under weight, 18.5 – 25 are a healthy weight range, 25 – 30 are over weight, over 30 are obese.

I personally don't think that your BMI is an accurate measurement eg; A girl with a genetically larger body type & trains at the gym regularly, also has a low body fat % may never get her BMI under 25. So according to the BMI chart she's over weight?

The most accurate reading I feel is the old fashioned way using your measurements. Waist hips, ratio. Got to website 4 BMI

To calculate your BMI use your height? X 1.87cm Weight is?
Divided by score above? BMI score =

POSTURAL ANALYSIS - SIDE VIEW			
HEAD	Neutral	Forward	
CERVICAL SPINE	Normal	Excessive extension	
THORACIC	Normal	Excessive flexion kyphotic	Flat
LUMBAR	Normal ext	Excessive ext	Flat
PELVIS	Neutral asis symphysis pubis in vertical line usually lumbar spine will have normal ext Anterior Pelvic Tilt	Asis forward of symphysis pubis usually lumbar spine will have and ext in lordosis Posterior Pelvic Tilt?	Flat back
HIPS	Neutral	Flexed	Extended
KNEES	Neutral	Hyper extended	Flexed
ANKLE	Joints neutral	Plantar flexed	Dorsi flexed

POSTURAL ANALYSIS - FRONT VIEW			
HEAD	Neutral	Forward	
SHOULDERS	Level	Right higher	Left higher
RIBCAGE	Normal	Rotated clockwise	Rotated counter clockwise
PELVIS	Level	Right higher	Left higher
	Rotated clockwise	rotated counter clockwise	
FEMUR	Straight	Lateral rotation	Medial rotation
KNEES	Normal	Knock-kneed	Bow legged
FEET	Inverted in (supinate)	Everted out (pronate)	

POSTURAL ANALYSIS - BACK VIEW			
SCAPULA	Normal	Protracted	Retracted
	Elevated	Depressed	Winging
LUMBAR SPINE	Normal extension	Excessive extension	Flat
	To get a true read of the lumbar spine check pelvis out first		

STABILISER TEST

Using a pressure biofeedback machine - Precision in specific muscle testing.
Iliopsoas, Transversus abdominis/internal oblique, Gluteus maximus, Deep neck flexor muscles

Limb loading lying	Standing	Lower trapezius

STRETCH TEST

Hip flexors	Tensor fascia lata	Rectus femoris Latissimus Dorsi	Pec major

INNER SCAN BODY COMPOSITION MONITOR

The inner scan body composition monitor calculates using 'BIA' Electrical Impedance analysis (BIA). Safe low level electrical signals are passed through the body via the patented tanita footpads on the monitor platform.

It is easy for the signal to flow through fluids in the muscle and other tissues but meets resistance as it passes through the body fat, as it contains little fluid. This resistance is called impedance.

The impedance readings are then entered into medically researched mathematical formulas to calculate your body composition.

Name of client:		Date:	
Age:		Body Fat:	
Height:		Weight:	
Total Body Water (%)			
Visceral Fat Rating (0)			
BMR Metabolic Rate & Age (+-)			
Bone Mass (skeleton)			