



VIBES FITNESS Client Health Questionnaire

Welcome to Vibes Fitness Fitzroy! We are here to take you on a journey of transformation.

All information 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 is tailored and addressed to your special needs, goals and interests and is safe and effective.

Full name: _____

Address: _____

Date of birth: _____ Age: _____

Phone: _____ Home: _____ Work: _____

Email address: _____

Occupation: _____

Emergency contact: _____

Relationship: _____ Phone: _____

Physician's name: _____ Phone: _____

Address: _____ City: _____

State: _____ Post code: _____

Please note: For private and or shared sessions, please provide 24 hours notice for change or cancelation of your session times. If you do not provide 24 hours notice you will forfeit the full cost of the session. **For groups:** once you have paid for the block of 4 you are committed to your group session time. If you cannot make the session you are welcome to give the class to a friend. There are no makeup classes. We are here to be of service making a difference to your health & fitness goals.



VIBES FITNESS Client Health Questionnaire

Has your doctor ever said that you have a heart condition or recommended only medically supervised physical activity?

Do you have any pains in your chest at any time or when you perform physical activity?

Do you ever lose your balance?

Do you have a bone, joint or any other problem that causes you pain or movement restrictions?

Are you pregnant now or have given birth in the last 6 months?

Do you take medications, either prescription or non prescription, on a regular basis? If yes, please list all medications.

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

Please circle any of the below conditions that you have or any of your family members have.

Heart disease, angina, high blood pressure, high cholesterol, peripheral vascular disease, epilepsy, stroke, emphysema, pneumonia, asthma, bronchitis, diabetes - if yes which type?

Thyroid conditions, osteoporosis, arthritis, anaemia low iron, bone fractures, depressions, high anxiety, phobias, OCD, eating disorders, sleep problems

Please list any other conditions your family members or yourself have which were not listed above.



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Lifestyle related questions

Do you smoke? If yes, how many a day?

Do you drink alcohol? If yes how many drinks a day/week?

How many hours do you sleep a night?

Describe your job is it sedentary, active, or physically demanding?

Does your job require travel?

On a scale of 1-10, how would you rate your stress levels? 1 low - 10 high

List your 3 biggest sources of stress?

Is anyone in your family over weight?

Were you over weight as a child?

Fitness history

When were you in the best shape of your life?

Have you been exercising consistently for the past 3 months?

When did you first start thinking about getting into shape?

On a scale of 1-10 how would you rate your present fitness levels? 1 low - 10 high

Nutrition related questions

On a scale of 1-10 how would you rate your nutrition? 1 poor 10 excellent

How many times a day do you usually eat, including snacks?

Do you skip meals?

Do you eat breakfast?

What activities do you engage in whilst watching TV?

How many glasses of water do you consume daily?



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Nutrition related questions (continued)

Do you feel drops in your energy levels throughout the day? If yes when?

Do you know how many calories you eat a day? If yes how many?

Are you currently or have you ever taken a multivitamin or any other food supplements? If yes, please list them.

When you are at work, school or home do you eat out or do you cook your meals?

How many times a week do you eat out?

Do you do your own grocery shopping?

Do you do your own cooking?

Besides hunger, what other reasons do you eat? Please circle any of these that resonate with you.

Boredom, social, stressed, tired, depressed, happy, nervous, or anything else?

Do you eat past the point of fullness? Please circle – often sometimes never

Do you eat foods high in fat or sugar? Please circle often - sometimes never

List 3 areas of nutrition you would like to improve?

Exercise related questions

How often do you take part in physical exercise per week?

Is your exercise participation lower than you would like it to be? If yes, what is the reason?

Are you exercising regularly at the moment?

What activities are you presently involved in? Please circle

Sports, football, basketball, gym, personal training, hiking, skiing, boxing, running, snow barding, cycling, tennis.

Are you participating in any strength training? Stretching? Cardio training?

Please list any sports or activities that you are involved in that is not listed here.



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Developing Your Fitness Program

Please circle how you prefer to exercise.

Inside, outside, combination, small groups, alone combination, morning, afternoon, evening

How often would you like to exercise a week?

What are the best days for you to exercise? Please circle

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Goal setting: how we can help you

Please circle any which apply and resonate with you.

Lose body fat, develop muscle, rehabilitation of injury, nutrition education food diaries, we teach you how to eat and what to eat, increase muscle mass, fun, motivation, fitness, mind set, posture, Pilates body awareness, body shaping, aerial yoga, silks, Lyra, trapeze, bungee fitness, bridal boot camp, bridesmaid, getting ready for an event, tv appearance

Please list in order of priority:

What is your fitness goals that you would like to achieve in the next 3 - 6 - 12 months?

1.

2.

3.

Provide more detail here about the time frame for your goals?

How will you measure whether you have reached your goals?

Attach a reward to each goal.



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Where do you rate your health in life at this present moment? Please circle one

Low priority - medium priority - high priority

How committed are you to achieving your goals? Please circle one

Very committed - semi committed

What do you think is the most important thing we can do to assist you in achieving your health and fitness goals?

Outline any obstacles that you may be stopping you from achieving your goals?

Are there any behaviours or activities that may impede your progress towards accomplishing your goals?

Eg: not training consistently, upcoming vacation, busy season at work, not following the programs.

How committed are you to focus on your goals and not allowing other responsibilities to become a priority over exercise and looking after yourself?

Outline 3 tactics that you plan to utilise to overcome any obstacles that may arise?

Mindfulness and mental health questions

We are here to be of service assisting you with your health and fitness goals.

Mental health is important to keep you motivated and on track, gaining a better mental health will improve your quality of life.

Please rate out of ten how you feel your mental health is at this present time?

Mind and Body connection is important so we assist you in improve pathways to support your mind and body connection. We value hope, courage and perseverance, knowing that sometimes we all have mental health challenges. Please let us know if you need any help in this area.



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Miscellaneous questions

How did you hear about us? Please circle and or write your answer.

Brochure, word of mouth, flyer, newsletters, website, health professional, doctor, dentist, dietician, physio, chiropractor, other – please list

If you were referred to us by someone please let us know who it was.

We have a rewards program in place

If you refer a client to us and they book and pay for a block of ten sessions we then give you a one hour session for free.

Why did you choose to work with Vibes Fitness over any other studio or gym in the area?

How far do you live from our studio?

What magazines do you read?

Private Sessions

Having a private session with us will give you the attention you deserve, focusing on you and you alone. This will fast track your health and fitness goals.

2 for 1 session

These sessions are shared with a friend and you share the costs.

Small Groups

We have small groups for you to join



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ABN 59 602 470 573 - Creating Balance Energy and Choices-

Over 30 years experience in the Health & Fitness Industry– Boutique Personal Training Studio-106 Leicester St, Fitzroy 3065 (just off Brunswick St) four houses down from Fitzroy nursery. www.vibesfitness.com.au Ph: 0412526383.

Thank you for giving us the opportunity of working with you. We look forward to Working with you in the future.

Terms of engagement

Please print your name: _____ Date: _____

Named in the schedule whose signature appears below in consideration of Margie Cerato & “ Vibes Fitness, Personal Training, Pole Pilates, Aerial Yoga, silks, Bungee Fly Fit, Bungees, circus classes & all subcontractors” providing me with personal training, all classes that are conducted at Vibes Fitness and associated advice for myself, my heirs my administrators and executors hereby consent and agree as follows.

1. I warrant that I am medically able and that I do not have any current known illnesses, diseases, injuries and that I am in good health. I understand the risks in doing some activities and there is no medical reason why I cannot do all activities with Vibes Fitness or Pole Pilates’ and 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 as instructed by teacher. I agree to let Vibes Fitness know prior to training if I have vertigo, travel sickness, migraines, headaches, glaucoma, had any surgery, am on any medication or am pregnant. Some of these are contraindications.
2. I hereby waive any claim, right or cause of action that I might otherwise have for or arising from any illness, sickness, injury, death or danger of whatsoever nature which I may suffer or sustain in the course of and participation in any training or subsequent to any training or pole activities, boxing any services at Vibes Fitness.
3. The waiver in clause 4 shall be and operate in favour of all persons, corporations and bodies involved or otherwise engaged in providing my and all my subcontractors’, training and associated advice and the servants, agents, representatives and officers of any of them.
4. This document and waiver extends to all claims of any kind of nature whatsoever, foreseen or unforeseen, known or unknown.
5. I give permission for Vibes Fitness, to use any photos or videos of myself on our website & social media.

Disclaimer please sign that all the above is read and understand. Initial all 1-5.

Full name _____ Contact number _____

Address _____ Email address _____

Signature: _____ Thankyou ☺

Please list any injuries list, medications, tightness, aches, pains and challenges in your body?



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Clients name: _____ **Date:** _____

Blood pressure: have you ever had any problems with blood pressure?

Blood pressure results: _____

Fitness test results: out of 5 - 1 poor 5 excellent. This is where we test your oxygen uptake to see how much oxygen your body is consuming per kg of body weight.

Inner scan body composition monitor: This test is utilised by the Institute of Sport. This is a BIA bio impedance analysis (BIA). Safe low level electrical signals are passed through the body via the patented foot pads 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 passed through the body fat, as it contains little fluid. This resistance is called bio impedance. The impedance readings are then entered into a medically mathematical formula to calculate the body composition.

Age: _____ **Height:** _____ **Weight:** _____

Body fat: _____ **Total body water:** _____ **Visceral fat:** _____

BMR Metabolic rate and age: _____ **Bone mass:** _____

Body fat callipers: Biceps _____ Triceps _____ Abs _____ Back _____

Measurements inches: Chest _____ Waist _____ Hips _____

Right thigh _____ Left thigh _____ Right arm _____ Left Arm _____

Strength flexibility test: Poor Good Excellent _____

Push up test: (number performed using correct technique in 1 min) _____

Abdominal test: Poor Good Excellent _____

BMI weight range M2: body mass index less than 18.5 is under weight. 18-25 is healthy weight range; 25-30 is overweight, over 30 obese _____

To calculate your BMI use your height _____ x 1.87 cm = then your weight divided by your score above BMI score is _____ or jump on line and use a BMI app.



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Postural analysis side view:

Head neutral or forward **cervical spine:** Normal or excessive extension

Thoracic: normal or excessive flexion or flat **Lumbar:** normal excessive ext or flat

Pelvis neutral asis symphysis pubis in a vertical line usually lumbar spine will have a normal ext anterior pelvic tilt. OR Pelvis **asis forward:** of symphysis pubis usually lumbar spine will have an ext in lordosis posterior pelvic tilt. Or **Flat back**

Hips: neutral flexed or extended **Knees:** neutral hyper extended or flexed **ankles** neutral plantar flexed or dorsi flexed

Postural analysis - front view:

Head: neutral or forward

Shoulders: level right higher or left higher

Ribcage: normal rotated clockwise or rotated counter clockwise

Pelvis: level -right higher- left higher –rotated clockwise - rotated counter clockwise

Femur: straight- lateral rotation or medial rotation

Knees: normal or knock kneed or bow legged

Feet: inverted (supinate) in or everted out (pronate)

Postural analysis back view:

Scapula: normal –protracted – retracted – elevated – depressed- winging

Lumbar spine: normal extension - excessive extensions- flat – To get a true reading of lumbar spine check pelvis out first

Stabiliser test: using a pressure bio feedback machine – precision in specific muscle testing. Iliopsoas, transverses, abdominals/ internal oblique, gluteus maximus, deep neck flexors muscles.

Notes on posture here: