

# Wellness Questionnaire



## Contact Details

Name:

Address:

Postcode:

Home Number:

Date of Birth:

Mobile Number:

Email:

In case of emergency, whom may we contact?

Name and Contact Number:

Doctors Surgery and Contact Number:

Member No:

Bridge Card Category:

I understand to use the Wellness System I will be required to purchase a Wellness Key at a one off cost of £10. I also confirm that should I lose this key or require another key for any reason, it will be subject to an additional £10 charge.

Signed:

Date:

Induction Appointment:

Day:

Date:

Time:

Office use: Completed By..... Signature.....

## Youth Information

I have answered all questions to the best of my knowledge, and understand that the person participating in the induction is engaging in an acceptable level of exercise.

Parent/Guardian Signature: .....

Print Name: .....

Date: .....

Instructor: ..... Date: .....

Age 11-13 Cardiovascular equipment only  
Age 14-15 Cardiovascular and resistance equipment

# PAR Q

The Par Q is designed to help evaluate your current level of health before undertaking exercise. In some cases physical activity may be inappropriate due to certain medical conditions, in which case you will be referred to your local GP before any exercise is undertaken. Do you relate with any of the following conditions?

1. Diabetes Yes  No
2. Stress or high/low blood pressure Yes  No
3. Asthma or any respiratory illness Yes  No
4. Chest or abdominal pain Yes  No
5. Epilepsy, fainting or dizziness Yes  No
6. Neck or back pain Yes  No
7. Any other joint injuries/problems Yes  No   
If yes please state
8. Elevated cholesterol levels Yes  No
9. Are you or have you recently been a smoker Yes  No   
If yes, how many per day

## Medical History

10. Is there a history of heart disease in the family Yes  No
11. Have you suffered from heart disease or any cardiovascular problem? Yes  No
12. Have you any medical condition which you think may interfere with your work out? If yes, please specify
13. Are you currently taking any drugs or medication? Yes  No   
If yes please specify

## Female Only

14. Are you pregnant or have you recently had a baby Yes  No
15. If yes have you discussed starting exercise with your Midwife or GP? Yes  No

## Important Information

1. I understand that I am not permitted to use any equipment which I have not received an induction for Yes  No
2. I understand where all the fire exits are located Yes  No
3. I have been shown the rules and regulations of the Gym and understand that I must follow them Yes  No

I realise that my participation in exercise involves the risk of injury, dizziness, nausea and in very rare instances even the possibility of heart attack, stroke or death. I confirm that all of the questions asked of me have been answered truthfully and understand that I am voluntarily engaging in an acceptable level of exercise.

Current Weight:	Current Height:	Blood Pressure:
Systolic:	Diastolic:	HR:
Client Signature:	Print Name:	

## INSTRUCTOR ONLY

Notes/Comments

Health Check Form Issued

Yes

No