



Tick Fitness

Health, Wellness, rehabilitation

Shop 1, 5-19 Goodall Parade, Mawson Lakes, 5095

Personal Health and Fitness Needs Analysis

Name: _____ Date of Birth: ____/____/____ Male / Female

Address: _____ Post Code: _____

Occupation _____ Seated? _____ hours/day

Active at work? _____ hours/day OTHER: _____

What would you like the Tick Fitness team to help you achieve?

Have you been referred to Tick Fitness? **Yes / No**

Who referred you?

What are your Hobbies?

Do you currently play Sport? **Yes / No**

If yes: _____

Do you currently walk or participate in activity during the week? **Yes / No**

If yes: _____

When was the last time you participated in physical active regularly?

Would you consider your life stressful? **Yes / No**

If yes - How? _____

How well do you sleep?

Poorly 0 1 2 3 4 5 6 7 8 9 10 Excellent

How much water do you drink in a day? _____ Litres

Do you know how much you weigh? **Yes / No**

Do you know your health weight range? **Yes / No**

Do you know what BMI is? **Yes / No**

Do you know your BMI? **Yes / No**

Would you like help to set some S M A R T goals to help you track your progress? **Yes / No**

Would you like to complete a detailed fitness assessment to determine your health risks? **Yes / No**

Would you like to complete a detailed injury risk analysis to determine the best program for you?

Yes / No



Tick Fitness

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| 1. Has your doctor ever told you that you have a heart condition or have you ever suffered from a stroke? | YES | NO |
| 2. Do you ever experience unexplained pains in your chest at rest or during physical exercise? | YES | NO |
| 3. Do you ever feel faint or have spells of dizziness during physical activity? | YES | NO |
| 4. Have you had an asthma attack requiring immediate medical attention at any time in the last 12 months? | YES | NO |
| 5. If you have diabetes (type I or Type II) have you had trouble controlling your blood glucose in the last 3 months? | YES | NO |
| 6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity or exercise? | YES | NO |
| 7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity or exercise? | YES | NO |

If you answered 'YES' to any of the 7 questions, please seek guidance from your treating doctor prior to undertaking any physical activity or exercise

If you answered 'NO' to any of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light– moderate intensity physical activity or exercise.

I Believe that to the best of my knowledge, all of the information I have supplied within this tool is correct

Signature _____ **Date:** ____/____/____

You recognise the inherent risks associated with participation in fitness activities provided by Tick Fitness and the use of equipment provided at the facilities and; agree for yourself and on behalf of your family to the following: Follow all rules and posted signs, terms and conditions of use, designed to help educate and ensure safety at all times. Follow the instructions of any employee at all times verbal or written.

Agree to indemnify and defend Tick Fitness and employees of Tick Fitness against all unreasonable claims, causes of action, damages, judgements, costs for expenses, including attorney fees and other litigation costs, which may in way arise from my or my family's use of or presence upon the facilities of Tick Fitness. By entering into this paid agreement you understand that you are legally bound to disclose any health related issue that may impact on your ability to participate in physical activity, and that the instructor or trainer may advise you of non-participation to ensure your health and safety. Failure to disclose omits the trainer and Tick Fitness from all liability. This is policy is intended to be broad, but does not release the trainer from such things that are outside of the scope of their training or qualifications.