

Look After Yourself



CONSULTATION FORM

Name: _____

Gender: (Please delete as appropriate): Male/Female

Date of Birth: _____

Address: _____

_____ Postcode: _____

Best Phone Number: _____ E-mail: _____

If happy to be contacted by e-mail very occasionally with relevant news and offers please tick here

If happy to have this data stored securely (one hard copy and one soft copy (excel) at the business address) please tick here

DESIRED BENEFITS

Which of the following benefits are you hoping to achieve from your training with us?

Get Fitter Lose weight Tone Up Gain Strength Gain Energy

Gain Confidence Build Self Esteem Stress Relief Other

If Other (please describe): _____

MEDICAL HISTORY

Have you suffered from or do you currently suffer from any of the following illnesses? (please tick as appropriate)

Asthma Bleeding Disorder Seizures Concussion High Blood Pressure

Heart Condition Back Problems Joint Injury Bone Injury None

Are you taking any form of medication currently? _____

Do you have any allergies? _____

Are you aware of having any physical limitations? _____

Do you have any other health problems? _____

Expand here if required: _____

CURRENT EXERCISE

Are you currently exercising? (please delete as appropriate) Yes / No

If 'Yes', which activities do you participate in and how often? _____

If 'Yes', on a scale of 1 to 10, how intensely would you say you exercise? (10 = high intensity) _____

FUTURE EXERCISE

Look After Yourself LN5 will be expanding in the near future to include additional classes. If you would like to attend classes more than once a week, please answer the following questions.

How many times a week would you like to attend classes? 1 2 3 4 5

At what times are you best able to attend classes? (tick more than one option if able)

Weekdays before 0830 Weekdays 0830-1730 Weekdays 1730 -1930 Weekdays after 1930 Weekends

HOW DID YOU HEAR ABOUT US?

Website Facebook Friends Flyer Poster Other

Look After Yourself LN5 Facebook Friends receive the latest news and exclusive offers, if you haven't already 'liked' our page, join us now! Are you on Facebook? (Delete as appropriate) Yes / No

RELEASE FROM LIABILITY

I, the undersigned, acknowledge and state that;

- I have applied to voluntarily participate in the classes organised by Look After Yourself LN5 Limited.
- I am aware and understand that the participation in any fitness class involves a risk of injury.
- I understand that this data has been collected to ascertain that I am medically and physically able to participate in physical activity.
- I am aware of and have access to the Look After yourself LN5 Data Protection Policy at www.lookafteryourselfln5.co.uk.

I confirm that all the information that I have provided is accurate and to the best of my knowledge. I know of no reason why I should not participate in the fitness classes organised by Look After Yourself LN5 Limited.

Name: _____ Signed: _____

Date: _____