



Member no.

Member  Casual visitor  Promotions

### Pre- Activity Questionnaire (PAQ)

Help us help you .... find the exercise program that suits your lifestyle by answering a few simple questions

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street No Street Name Suburb  
 State: \_\_\_\_\_ Post code: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female  
Date of Birth  
 Phone: (Home) \_\_\_\_\_ (work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Person to notify in case of accident: Name: \_\_\_\_\_ (Relation): \_\_\_\_\_ (phone): \_\_\_\_\_

ARE YOU CURRENTLY EXERCISING?  YES  NO

IF YES:  
 What type of exercise: \_\_\_\_\_  
 How many times per week? \_\_\_\_\_  
 Are you achieving your results? \_\_\_\_\_  
 Have you been consistent? \_\_\_\_\_  
 If yes, what brings you here today? \_\_\_\_\_

IF NO:  
 Have you done any exercise in the past?  Yes  No  
 If yes what was it? \_\_\_\_\_  
 How long ago? \_\_\_\_\_  
 How long did you stick with it? \_\_\_\_\_  
 Did you achieve the results you wanted?  Yes  No  
 If no, would you require Personal Training?  Yes  No

WHAT RESULTS DO YOU WANT TO ACHIEVE (PLEASE TICK YES OR NO)

Improve Muscle Tone <input type="checkbox"/> Yes <input type="checkbox"/> No	Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No	Strength Training <input type="checkbox"/> Yes <input type="checkbox"/> No
Increase Fitness <input type="checkbox"/> Yes <input type="checkbox"/> No	Body Building <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight Loss/Reduce body Fat <input type="checkbox"/> Yes <input type="checkbox"/> No
Social/Fun <input type="checkbox"/> Yes <input type="checkbox"/> No	Sports Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Self Image <input type="checkbox"/> Yes <input type="checkbox"/> No

I would like to achieve these goals by : \_\_\_\_\_ How many visits realistically per week can you commit to? \_\_\_\_\_  
 What time of day would you most likely exercise? \_\_\_\_\_ On a scale of 1-10, how important is it to reach your goal? \_\_\_\_\_  
 What has kept you starting sooner? (Please tick)  
 Work/Family  Commitments  No time/Too busy  Lack of motivation  Injury/illness/Transport

HEALTH- ANYTHING IMPORTANT WE NEED TO KNOW? (PLEASE TICK YES OR NO)

Do you have or have you ever had:

High Cholesterol <input type="checkbox"/> Yes <input type="checkbox"/> No	Stomach Ulcer <input type="checkbox"/> Yes <input type="checkbox"/> No	A Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No
High/Low Blood pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Liver/Kidney <input type="checkbox"/> Yes <input type="checkbox"/> No	Palpitations or Chest Pain <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Heart/Stroke condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Faint/Dizzy Spells: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you given birth in the last 6 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been hospitalized lately? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever had pain, major injuries, or arthritis in your back, neck, knees, shoulder or other:  Yes  No  
 Do you have any other medical condition or problem not previously mentioned? \_\_\_\_\_  
 Are you taking any prescribed medication?  Yes  No if YES details \_\_\_\_\_  
 If you have answered 'YES' to any questions about your health, have you had clearance from your doctor to exercise?  Yes  No

If you have answered 'NO' you must consult with our **FitnessLocal** exercise specialist who will advise or provide a fitness program appropriate to you. If an exercise specialist is not available then a doctors clearance will need to be provided before starting any exercise program  
 Doctors clearance Provided on: / /

SIGNATURE

I hereby represent to FitnessLocal, its management, associated companies and other legal entities, their directors, officers, employees, agents and affiliates that I am physically capable of and there's no medical reason to prevent me from proceeding with the use of the clubs facilities without endangering my health. I acknowledge that whilst on club premises, my person, my guest, my property and my guest's direct, indirect, special or consequential) suffered by me or my guest or loss of property by me or my guest while I am on the club premises or arising in any way out of the use of the facilities and equipment produced by the club, however that injury, damage or loss caused including if it is caused by negligence of the club. I acknowledge that except as provided in this document the club gives no guarantees in respect of the facilities and equipment it provides. I hereby release and will indemnify and will indemnify the club for any injury or loss suffered by me while on the club premises. We regularly send our members and casual patrons updates or special promotions, newsletters and other marketing material. Please tick checkbox if you do not wish to receive such material:

Signed (member/patron) \_\_\_\_\_ date \_\_\_\_\_   
 Parent legal Guardian (sign) \_\_\_\_\_ date \_\_\_\_\_  
 Staff signature \_\_\_\_\_ Staff (name) \_\_\_\_\_ date \_\_\_\_\_