kate wood fitness

Pre-Exercise Screening Questionnaire

Please arrive 5 minutes earlier to your initial session with this completed questionnaire.
If you have any concerns, please contact Kate (via email, phone or text). Thank you.

1. Personal Details

Name:
Address:

Mobile Ph:
Email:
Date of Birth:
Emergency Contact:
Health Fund:

2. Exercise Intentions

a) What are your exercise goals for 2024? (please tick)

- ☐ Reduce Body Fat
- ☐ Weight Loss
- ☐ Increased Aerobic Fitness
- ☐ Maintain Fitness levels
- ☐ Boost Energy Levels
- ☐ Increased Strength and Power
- ☐ Mental Wellness
- ☐ Social Enjoyment
- ☐ General Health and Fitness

b) How important is exercise to you?
(Please mark on a scale of 1-10. 1 being not at all important and 10 being very important)

1 2 3 4 5 6 7 8 9 10

c) Do you want to exercise at a moderate intensity (e.g. brisk walking) or at a vigorous intensity (e.g. running)?

Please circle Moderate Vigorous

d) Are there any events you are training for or aspire to compete in?

- ☐ No
- ☐ Yes

Please specify:

e) Please tick the components you would like to focus on in your exercise sessions with Kate Wood.

- ☐ Aerobic Fitness
- ☐ Toning Exercises
- ☐ Back Strength
- ☐ Abdominal Strength
- ☐ Increase Pelvic Floor Integrity
- ☐ Other:

Please specify:

3. Current Medical Status

a) Do you have any of the following medical conditions? (Tick appropriately)

- ☐ High Blood Pressure?
- ☐ Heart Disease?
- ☐ Heart Condition?
- ☐ Rapid throbbing/fluttering of your heart?
- ☐ Chest pain with Physical Activity?
- ☐ Suffer from dizziness or fainting?
- ☐ Chronic Headaches or Migraines?
- ☐ Have ever suffered a Stroke?
- ☐ Lung Condition (Asthma, Bronchitis)?
- ☐ Experience numbness or tingling sensations?
- ☐ Arthritis?
- ☐ Hernia?
- ☐ Neck Injury?
- ☐ Back Injury?
- ☐ Shoulder Injury?
- ☐ Arm/Elbow/Wrist Injury?
- ☐ Knee Injury?
- ☐ Ankle/Foot injury?
- ☐ Pregnant or given birth in the last 3 months?
- ☐ Type I or Type II Diabetes?
- ☐ Been told you have high cholesterol?
- ☐ Other medical condition(s) that may make it dangerous for you to participate in an exercise program?

Please specify:

b) Do you smoke?

☐ Yes ☐ No

c) Does your immediate family have a history of Heart or Pulmonary Disease? (If yes, please provide detail)

☐ Yes ☐ No

d) Is your doctor currently prescribing drugs for high blood pressure or a heart condition? (If so, which medication)

e) Please provide details of any other medical or Health concerns that may affect your training performance:

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4. Anthropometric Measures: (Optional)

Height: cm

Weight: kg Waist Circumference: cm

5. Exercise Physiology Measures (Physiologist to complete – Optional)

Do you wish to have an Exercise Physiologist take these measures?

☐ Yes ☐ No

BMI:

Resting Heart Rate: bpm

Maximum Heart Rate:

220 – age = bpm

_____ - _____ = bpm
Max HR – RHR = HR res

(HR Res x 0.60) + RHR = Training Heart Rate (60%)

(HR Res x 0.80) + RHR = Training Heart Rate (80%)

Resting BP:
Systolic mm Hg

Diastolic mm Hg

Exercise Physiologist:

Date:

6. Kate Wood Fitness (Optional)

How did you hear about Kate Wood Fitness?

- ☐ Social Media
- ☐ Google Search
- ☐ Word of Mouth
- ☐ Mail Drop/Brochure
- ☐ Referred by a friend

(please specify who):

In participating in this program with Kate Wood Fitness, I _____ (print name) acknowledge that;

I participate entirely at my own risk, and must exercise due care to ensure my personal health and safety, and that of others.

I will follow any directions or advice affecting my safety and that of others, given to me by my trainers.

I have provided my trainers with accurate information regarding my medical, health and exercise history, and others concerns I may have. . If any new medical condition arises, I will advise my trainers to ensure my safety.

I, being aware of my own health and physical condition, and having knowledge that my participation in this challenge and its activities may be injurious to my health, am voluntarily participating in this challenge.

Signature: _____ **Date: / / 2024** _____