

Lifestyle Review

Name: _____

Date: _____

Gender: Male Female

Phone Number: _____

Email: _____

Tick here if you would like to be contacted regarding Connect Fitness promotions

PASSIVE TESTS:

Resting HR: _____

Resting BP: _____

Height: _____

Weight: _____

WHR: (waist/hip) _____

BMI: _____

Girths

Waist : _____

Hips: _____

Goals to achieve by end of the month (General Definition) Please tick

To improve general fitness

To lose weight

Train for an event

Lifestyle goal

Nutrition

To tone/build muscles

To relieve stress

Other

Goals to achieve by end of the month (More Specific Definition): Eg. walk for 60mins per week, be able to run 3 km's by the end of the month

History: Are you currently doing any exercise?

Trainers advice/ Prescribed exercise

Please Complete the Pre- Exercise Questionnaire on the back

Time: _____

Intensity: _____

Frequency: _____

Type: _____

Other: _____

Tick after exercise is complete (training diary available on back of walking track map)

Week 1

Week 2

Week 3

Week 4

Submit your training diary after week 4 for your chance to go in the draw for a 3 month Connect Fitness Membership.

Ask at your Connect Fitness Centre about a gym membership.

BANKSTOWN - **9772 6222**

BLACKTOWN - **9852 4085**

CAMPBELLTOWN - **4620 3604**

HAWKESBURY - **4570 1782**

PENRITH - **4736 0234**

Body mass index (BMI): The Body Mass Index is a simple indicator of the relationship between your height and your weight. If your BMI is above 25 you are considered overweight and if your BMI is above 30 you are considered obese.

BMI Key	
< 18.5	underweight
18.5 to 24.9	healthy
25 to 29.9	overweight *
30 to 34.9	grade 1 obesity
35 to 39.9	grade 2 obesity
>40	grade 3 (morbid obesity)

Waist to Hip Ratio: A ratio calculated by dividing the waist circumference of an adult person by the hip circumference of that same person.

Waist to Hip Ratio Chart		
Male	Female	Health Risk
0.95 or below	0.80 or below	Low Risk
0.96 to 1.0	0.81 to 0.85	Moderate Risk
1.0+	0.85+	High Risk

Blood Pressure: The force of blood exerted on the inside walls of blood vessels. Blood pressure is expressed as a ration (e.g. 120/80) The first number is the systolic pressure, or the pressure when the heart pushed blood out into the arteries. The second number is the diastolic pressure, or the pressure when the heart rests.

Classification of blood pressure for adults age 18 years and older			
Category	Systolic (mm Hg)		Diastolic (mm Hg)
Normal*	less than 120	and	less than 80
Prehypertension	120–139	or	80–89
Hypertension			
Stage 1	140–159	or	90–99
Stage 2	160 or higher	or	100 or higher

Pre-Activity Questionnaire

Name: _____ D.O.B: _____ Sex: Male Female

Stage 1- Medical Conditions

- | | |
|--|--|
| 1. High blood pressure? *** <input type="checkbox"/> | 9. Gout? <input type="checkbox"/> |
| 2. High cholesterol? *** <input type="checkbox"/> | 10. Rheumatic Fever? *** <input type="checkbox"/> |
| 3. Heart condition? *** <input type="checkbox"/> | 11. Glandular Fever? <input type="checkbox"/> |
| 4. A Stroke? *** <input type="checkbox"/> | 12. Stomach Ulcer? <input type="checkbox"/> |
| 5. Asthma? <input type="checkbox"/> | 13. Have you been hospitalised recently? <input type="checkbox"/> |
| 6. Diabetes? <input type="checkbox"/> | If yes give details |
| 7. Epilepsy? <input type="checkbox"/> | 14. Are you pregnant? <input type="checkbox"/> |
| 8. Any infectious diseases? *** <input type="checkbox"/> | 15. Have you given birth in the last six weeks? <input type="checkbox"/> |

16. Is there any other physical reason that may prevent you from Exercise? (E.g. cancer, arthritis, osteoporosis, kidney or liver disease?)
If yes please state:

.....
.....

Stage 2 – Signs and Symptoms

17. Do you ever experience heart palpitations or pains in your chest? ***
18. Do you ever feel faint or dizzy during exercise?
19. Do you ever experience swelling or accumulation around your ankles? ***
20. Do you have any pains in any of these areas (particularly back, knees, shoulder, neck)? If yes please explain:

Stage 3 – Other Factors

21. Do you smoke cigarettes daily (or given up recently)
22. Do you consume alcohol regularly?
23. Has any relative had a heart attack, suffered cardiovascular disease, had a stroke, or had raised cholesterol before the age of 60? ***
24. Are you a male over 35 or female over 40 and NOT use to regular exercise? ***
25. Are you fasting or dieting?
26. Are you taking any medication?

If you ticked "YES" that is followed by a *** on any question you need to take this form to your doctor and ask for a clearance before starting any exercise program OR sign below if you have already cleared the above condition with you doctor and provide the doctor's details, details of conditions, medications and approximate date Cleared.

Details: _____

Condition Cleared (signed): _____

STATEMENT: I recognise that the instructor is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.

Signed: _____

Date: _____