## Health & Fitness Questionnaire

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| Personal Information & Consent Please refer to the Data Consent section of the Terms & Conditions for more information. |
| Name |
| Phone |
| Email address (By providing your email address you are agreeing to be added to the database and to receive emails.) |
| Date of Birth |
| Emergency Contact Name & Number |
| Medical Information & History |
| Do you have any conditions which a Doctor says may prevent exercise? |
| Are you pregnant, or have you had a baby within the last 12 months? Please complete pre/postnatal questionnaire |
| Are you currently taking any medication? |
| Have you had any surgery in the last 12 months? If yes, please detail. |
| Have you had any skeletal or muscular injuries? If yes, please detail. |
| Is there anything in your medical history that you feel could affect your ability to exercise? |
| Fitness information & History |
| What is your main motivation for your personal training and exercise goals? (e.g. to become healthier generally, to complete a race, to lose weight?) |
| Please provide some information on what exercise routines you have had in the past. Include what you felt worked/didn’t work and why. |
| Do you have a gym membership or attend any exercise classes? |
| Do you have any equipment at home? If so please list: |
| What days of the week are best for you to train and to fully rest? |
| In previous training/exercise schedules, what motivational tools have worked for you? |
| In previous training/exercise schedules, has anything distracted you from your goals? |
| What does a current week’s exercise schedule look like for you? |
| What exercise/activities do you enjoy? Include those you enjoyed in the past (e.g. at school) & seasonal sports. |
| What challenges you in exercise? |
| What exercise do you find easy (if any)? |
| Do you like to be pushed to your limits or do you see exercise as maintenance? |
| Nutritional information & History |
| Please provide some information on your nutrition/diet history and include what you felt worked and didn’t work and why. |
| How do you feel about your nutrition? |
| How much water do you drink per day? |
| How many units of alcohol do you drink a week?Over how many nights? |
| Do you have any dietary requirements/intolerances/allergies? |
| What are your good dietary habits? |
| What are your bad dietary habits? |
| Are there any foods/meals that you really dislike? |
| Do you take any supplements? |
| Do you have any digestive issues (e.g. bloating) |
| Lifestyle & stress |
| What is your occupation? |
| Is this a desk-based job? |
| What are your stress levels both at work and outside work? Please include work, family, personal stress. |
| How many hours of sleep do you get a night? |
| Please provide a rough idea of your sleep/wake patterns. |
| Do you feel well rested when you wake up? Do you know why/why not? |
| Do you smoke/vape? If yes, how many/much per day? |
| Do you think that there is anything in your lifestyle at the moment that also needs to change to support your goals and investment in Personal Training? |
| Is anyone else helping you with your fitness goals (support from/working out with a friend/partner?) |
| Final comments |
| How would you like Totality to help you with your fitness goals? |
| Do you have any concerns you would like to discuss? |
| How did you hear about Totality Health & Fitness? |

All information contained on this form is CONFIDENTIAL

### Declaration

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| * I understand that for most fitness goals, my 1:2:1 session/s with Totality Health & Fitness should form part of a weekly training program whereby I’ll be advised to complete other exercises at home. I understand that if I am unable to commit to more exercise a week, reaching my goals might take longer. |

* I fully understand and agree to the Terms and Conditions provided below

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| Client name & date |
| Client Signature |
| Totality Signature |

## Totality Health & Fitness Terms & Conditions

**Personal Training: About**

* Totality Health & Fitness will provide coaching, supervision, advice and support in order for you to meet your fitness goals.
* For most fitness goals, your 1:2:1 sessions with Totality Health & Fitness should form part of a weekly training program which should include sessions that you complete yourself at home or in the gym. If you feel that you might not be able to commit to more than our 1:2:1 session a week you must be aware that reaching your goals might take longer.
* Your personal goals, fitness levels, and exercise likes and dislikes will be taken into account when designing your bespoke personal training package and sessions.
* By agreeing to participate in fitness sessions with Totality Health & Fitness you are agreeing to follow the session plan and guidance throughout the duration of your exercise programme.
* Your programme will be monitored and adjusted as your fitness improves.

**Personal Training: Health (Screening) & Personal Information**

* You must complete and sign a PAR-Q before commencing with any exercise programme. If you are required, you may also have to provide a letter of medical clearance from your GP stating that you are able to participate in an exercise programme but with some restrictions.
* Your personal information will be kept strictly private and confidential and in accordance with the General Data Protection Regulation ("GDPR") 2018 (In accordance with the General Data Protection Regulation ("GDPR") 2018, Totality Health & Fitness will hold your personal information for the duration of our fitness arrangement.)
* If you decide not to continue with your sessions then we will delete all information held (electronic and paper copies). Any subsequent sessions booked will initiate a new contract and your personal information will be requested again via the questionnaire.

**Pregnant & Postnatal (to 1 year after birth) clients**

* Pregnant mothers must be 12+ weeks and have had first scan and midwife appointment before commencing with an exercise programme.
* Totality Health & Fitness will provide pregnancy safe exercise which will be adjusted regularly as baby grows.
* It is your responsibility to inform Totality Health & Fitness of any changes to your health and wellbeing before or during a session so the appropriate adjustments can be made.
* Postnatal mothers must be 8-10 weeks postnatal and have had your GP’s 6 week clearance.
* Totality Health & Fitness will perform a diastasis recti check prior to commencing exercise.

**Personal Training: Insurance**

* Helen O’Hara is insured as a Fitness Instructor by FitPro with a Public/Teacher Liability Policy of £10m. This policy covers Pre and Postnatal exercise.
* Fitpro insurance do not cover babies taken out of their buggy/placed on mats. Totality Health & Fitness understands that mums may wish or need do this occasionally and do so at their own risk. Using baby as a resistance/weight during a session is not appropriate and will not be encouraged at any time.
* Copies of insurance policies are available upon request.

**Personal Training: Sessions**

* Totality Health & Fitness sessions will last 30 minutes unless otherwise agreed and will start at the scheduled time.
* Totality Health & Fitness sessions will take place at the studio: 10 Pauline Gardens unless agreed by client and PT. Home visits are subject to availability and are charged at an extra £15 per session to cover time and travel costs; this increases to £20 if outside the Billericay area.
* Studio sessions, home visits and sessions held in local parks are covered by the risk assessment to July 2019. Routes chosen through parks are as safe as feasibly possible and any uneven surfaces will be pointed out to the client.
* Outdoor sessions will be cancelled/moved indoors in inclement weather.
* Amendments to session bookings must be communicated by phone, text or email. These must be requested with more than **48 hours notice before the session’s start time.**  Within 48 hours is deemed a cancellation. See cancellation policy below.
* Sessions to which you are late will not be extended beyond the agreed time slot.
* Late arrival to the agreed session location is determined as 10 minutes after the agreed start time. This will be deemed as a cancelled session which will be a session forfeited by the client in accordance with the 48-hour cancellation policy below.
* Late arrival to the agreed session location by Totality Health & Fitness means the session will begin upon arrival and will last the full agreed duration at no extra cost to the client.
* Sessions missed due to illness or injury will be accounted for and adjustments to sessions made as appropriate and after discussion with the client.

**Holidays**

* Totality Health & Fitness will close for two weeks over the Christmas period (in line with the school holidays) and will take a maximum of a further two weeks off (taken over separate weeks). If this absence means the additional sessions cannot be added into the 12 week block then an additional week will be added to the end.
* Pre-paid and monthly training plans (and support) will be continued over these periods. Clients will be notified if and when there will be no availability when responding to messages.
* Holiday dates or dates where the client is unavoidably unavailable that occur during the 12 weeks must be notified as soon as possible. Alternative dates within two weeks of the missed session will be offered to ensure the requisite number of sessions are completed within the given timeframe. If neither party can find a date to reschedule within the two weeks of the missed session, a 30 minute session will be set on the app for the client to complete at a time that suits them. \*This does not include sessions cancelled within 48 hours – see policy below\*
* Cancellations to session bookings must be communicated by phone, text or email with more than **48 hours notice before the session’s start time.** See cancellation policy below. Confirmation by the same communication method will be provided once records are updated by Totality Health & Fitness. A session cancelled within the correct timeframe will be rebooked (subject to availability) within two weeks of the cancelled session.

**48-hour cancellation policy**

* The 48-hour cancellation policy applies to all scheduled sessions. Sessions cancelled or rearranged with less than 48 hours’ notice will be forfeited by the client.
* If the session is cancelled within 48 hours by Totality Health & Fitness, notice will be given as soon as reasonably possible and a replacement session will be given.

**Personal Training: Prices and refund policy**

* Sessions will be paid according to the session rates at the time of booking.
* Personal training sessions must be completed within the agreed timeframe e.g. a 12-week block means all sessions must be completed within the 12 week period.
* If you are unable to continue with a personal training sessions for medical reasons, a refund may be determined based on the number of unused sessions.
* Refunds will only be given on receipt of a letter from your GP stating the reason for the restrictions to exercise.
* No other refunds will be given for unused sessions.

**Personal Training: Payment**

* Session prices, are agreed before any exercise plan is provided or paid session commences. These will be sent by email along with dates and times available. Payment will be requested when all dates have been confirmed.
* Sessions and plans must be paid for monthly in advance before the session commences, via a GoCardless link which will be sent via email.

**Declaration – please sign beneath questionnaire**

* I, the client, fully understand and agree to these Terms and Conditions and will sign Totality Health & Fitness’s questionnaire stating so.
* Before embarking on my fitness programme, I will also complete and sign Totality Health & Fitness’s PAR-Q. I also understand that I must inform Totality Health & Fitness of any other medical condition not covered on the PAR-Q and that I may therefore be advised to visit my GP prior to commencing personal training sessions.
* I acknowledge that I will take part in all exercise sessions completely at my own risk and I will inform Totality Health & Fitness of any changes to my health as soon as possible.

Pregnant/Postnatal clients only

* Additionally, I confirm that I have not been given a reason by my GP for not participating in a safe exercise programme. I confirm that I have had my midwife appointment and my first scan/Postnatal GP check-up.