



# PUREBALANCELIFESTYLES

All questions contained in this questionnaire are strictly confidential and will become part of your personal health record.

Name:

<b>Full Name:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
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**Marital status:**  Single  Partnered  Married  Separated  Divorced  Widowed

<b>How did you hear about Pure Balance Lifestyles:</b>	<b>Date of last physical exam:</b>
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**Home Address:** **Email Address:**

**Best Contact Number:** **Emergency Contact:** **Relationship:**

**Contact Number:**

**How did you discover Pure Balance Lifestyles:**

**What is your current occupation:** **How many hours per week do you work?**

**Which services are you receiving:**  Personal Training  Personalised Exercise Programming  Both  Dietitian

## PERSONAL HEALTH HISTORY

**How would you rate your current physical health?**  Poor  Average  Good  Very Good

<b>What are your main reasons for improving your lifestyle?</b>	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Improve my posture
	<input type="checkbox"/> Lack of Energy	<input type="checkbox"/> Improve self esteem	<input type="checkbox"/> Improve my diet
	<input type="checkbox"/> Improve current medical conditions	<input type="checkbox"/> Build muscle and become stronger	<input type="checkbox"/> Improve my fitness

**List any medical conditions which have been diagnosed by a doctor:**

## Surgeries or Hospital Admissions

Date	Reason	Hospital

**List any medications you are currently taking**


**Are you pregnant or may be pregnant?**

**Have you ever had a personal trainer in the past**  Yes

**When and for how long?**

**Describe your exercise regime over the past 3 months:**

Are there any particular areas of your body causing you unnecessary stress?

### LIFESTYLE QUESTIONS

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

<b>Exercise</b>	<input type="checkbox"/> Sedentary (No exercise)			
	<input type="checkbox"/> Mild exercise (i.e., climb stairs, walk 3 blocks, golf)			
	<input type="checkbox"/> Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)			
	<input type="checkbox"/> Regular vigorous exercise (i.e., recreationally 4x/week for 30 minutes)			
	Are you dieting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, are you on a physician prescribed medical diet due to gastroenterological issues or allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	# of meals you eat in an average day?			
	Rank sugar intake	<input type="checkbox"/> Hi	<input type="checkbox"/> Med	<input type="checkbox"/> Low
	Rank Water intake	<input type="checkbox"/> Hi	<input type="checkbox"/> Med	<input type="checkbox"/> Low
<b>Diet</b>	<input type="checkbox"/> None	<input type="checkbox"/> Coffee	<input type="checkbox"/> Tea	<input type="checkbox"/> Cola
	# of cups/cans per day?			
<b>Alcohol</b>	How often do you drink alcohol?			
	Do you smoke?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	On average, do you get less than 7 hours of sleep per night?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you experience any type of chest pain on exertion?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Injuries</b>	Do you have any aches or pains at the moment that may prevent you from exercising?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, please describe		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever had any injuries or niggles in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, please describe			

I am aware that physical exercise can cause injury if not completed properly. All exercise recommendations provided by Pure Balance Lifestyles and its trainers have been provided with care to your personal status, and I have been provided with adequate education and exercise coaching to complete my exercise programs as safe as possible. I will not hold Pure Balance Lifestyles accountable for any injury which may occur throughout my journey with Pure Balance Lifestyles.

I am aware of the 24hr cancellation policy for all booked appointments or I may forfeit the chance for that appointment – pending availability.

Name -

Signature:

Date: