

SCREENING FORM



CONTACT DETAILS

Name: _____

Address: _____ (street details)
_____ (suburb) _____ (postcode)

Email (work): _____

Email (personal): _____

Contact Numbers- Home: _____ Work: _____ Mobile: _____

Date of birth: _____ / _____ / _____ Occupation: _____

Private health care company & type of cover: _____

Preferred methods for us to contact you: work phone home phone email mail

Best times/days for us to contact you: _____

How did you hear about Complete Performance Solutions? _____

Who are your support team?

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Do you have any friends, colleagues or family members who would also benefit from healthy lifestyle changes and support?

1. Name: _____ Phone: _____ Email: _____

2. Name: _____ Phone: _____ Email: _____

3. Name: _____ Phone: _____ Email: _____

CURRENT LIFESTYLE

Rate the following aspects of your lifestyle out of 10, with 1 being the worst and 10 the best.

| | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|----|
| Health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Mental wellbeing | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Self-confidence | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Fitness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Energy levels | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Stress levels | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Strength | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Nutritional intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

What are your main nutritional problem areas? _____

How long per week do you currently spend doing exercise? _____

What type(s) of exercise do you currently do? _____

How many extra exercise sessions can you fit into your lifestyle each week? _____

What types of exercise do you enjoy? _____

What types of exercise you dislike? _____

GOAL SETTING

What prompted you to make this appointment? _____

What do you need from us to help you succeed? _____

What results do you want to achieve?

- | | |
|---|---|
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Improved self esteem |
| <input type="checkbox"/> More strength | <input type="checkbox"/> More energy |
| <input type="checkbox"/> Less body fat | <input type="checkbox"/> Better health |
| <input type="checkbox"/> Improved fitness | <input type="checkbox"/> Improved flexibility |

What is your main motivation for achieving these goals? _____

MEDICAL BACKGROUND

Please tick and comment on any medical conditions you have or have previously experienced?

- | | |
|---|-------|
| <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Cardiovascular disease | _____ |
| <input type="checkbox"/> Bad asthma | _____ |
| <input type="checkbox"/> Chest pain | _____ |
| <input type="checkbox"/> Shortness of breath | _____ |
| <input type="checkbox"/> Dizziness | _____ |
| <input type="checkbox"/> Ankle oedema (swelling) | _____ |
| <input type="checkbox"/> Heart palpitations | _____ |
| <input type="checkbox"/> Blood vessel blockages | _____ |
| <input type="checkbox"/> Heart murmur | _____ |
| <input type="checkbox"/> Undue fatigue | _____ |
| <input type="checkbox"/> Family history of heart disease | _____ |
| <input type="checkbox"/> High blood pressure | _____ |
| <input type="checkbox"/> High cholesterol | _____ |
| <input type="checkbox"/> Back or neck problems | _____ |
| <input type="checkbox"/> Hernia | _____ |
| <input type="checkbox"/> Arthritis or joint pain | _____ |
| <input type="checkbox"/> Muscular pain | _____ |
| <input type="checkbox"/> Injury or surgery | _____ |
| <input type="checkbox"/> Other relevant medical conditions: | _____ |

Are you a smoker? Yes No _____

Are you pregnant or trying to fall pregnant? Yes No _____

Current Medications (please list): _____

CLIENT AGREEMENT & RELEASE

1. I, the undersigned, have read and understood each of the above Screening Form questions, and have answered them fully and truthfully. I have been granted permission by my General Practitioner to engage in an exercise program and will have regular medical check-ups to ensure that my body is coping with the increased exercise load. I will inform Complete Performance Solutions in writing immediately if any of the above medical or contact information changes during my training program (for example an injury, illness, diagnosis with a medical condition, or failure of an exercise stress test).

2. I hereby represent and warrant Complete Performance Solutions, and it's directors, employees, contractors and affiliated (all of the foregoing and hereinafter collectively called "representatives") that I do not have any physical, medical or other disability or condition or susceptibility which may be affected or aggravated or result in any loss, damage or injury to my person or deterioration of my health if I make use in any way of or have access to or am present at or undertake any exercise, activity or evaluation at or connected with Complete Performance Solutions or it's representatives, including (but not limited to) participation in exercise activities using public streets, footpaths, parks or beaches or private residences or businesses. I undertake to inform Complete Performance Solutions in writing immediately upon my being aware of any such disability or condition.

3. I hereby irrevocably and unconditionally release and indemnify Complete Performance Solutions and all of its representatives to the maximum extent permitted from any claim, action, suits, demands, proceedings and causes of action and any direct, indirect, resulting or consequential loss, cost, expense or damage of whatsoever kind which I may incur, suffer or sustain, whether in respect of my person or property or otherwise, arising out of or in respect of or in connection with my use of or access to or presence in or undertaking any exercise or activity at or in connection with the services or any supervision, instruction, evaluation, or counselling by Complete Performance Solutions or any of it's representatives in connection with the facilities or any exercises or activities which I do or may undertake, including (but not limited to) participation in exercise activities using public streets, footpaths, parks or beaches or private residences or businesses or by reason of or arising from the negligence of Complete Performance Solutions or any of its representatives.

4. I hereby acknowledge and agree that while using or having access to or present in or at or undertake any exercise or activity at or connected with the facilities, my person or property are entirely at my own risk and to the maximum extent permitted by law neither Complete Performance Solutions or any of it's representatives is liable or responsible for any direct, indirect, resulting or consequential loss, cost, expense, damage or injury to my person or property or which may otherwise incur, sustain or suffer which is wholly or partly due to or aggravated by or arises from any advise, instruction, supervision, act, omission or negligence of Complete Performance Solutions or any of it's representatives or any exercise or activity or thing which I may undertake or perform or be subjected to or by virtue of any breach or failure to comply with any Rules and Regulations of Complete Performance Solutions.

5. It is specifically agreed that the terms of this Release and Indemnity apply to any personal training, nutrition consultations, nutrition advice and health coaching carried on by any representative of Complete Performance Solutions.

Name: _____

Signature: _____

Date: _____

MY COMMITMENT TO MY HEALTH AND WELLBEING

Commitment

Whilst I know that my Lifestyle Specialist will do everything in his/her power to provide me with the motivation, knowledge and skills to achieve my goals, I understand that it is my responsibility to commit to implementing the chosen lifestyle changes necessary for achieving my desired outcomes. I agree to make the best possible lifestyle decisions for achieving my goals, regardless of the barriers that I come across along the way. In addition to committing to regular Personal Training sessions I will make the best possible effort to follow any nutritional plan and home exercises individually prescribed for me, as these will play a major role in me achieving the results I'm after.

Punctuality

In the interest of excellent time management, I will ensure that I am on time, prepared and ready to put in 100% effort each session. This will make sure that I will be making the most of the time that I have together with my Lifestyle Specialist.

Cancellations

I will ensure that if I need to change or cancel a session I will do so at least 24 hours in advance. This will free up my timeslot for others who are eagerly awaiting an appointment and will better enable me to reschedule a convenient time as early as possible. My time, as well as my Lifestyle Specialist's, is extremely valuable, therefore I understand that canceling within 24 hours of the agreed session time or mistakenly forgetting a session will result in the session being charged at the normal session fee. Likewise, if your Lifestyle Specialist provides less than 24 hours notice to cancel a session, I will receive a complimentary replacement session. Should I provide more than 24 hours notice to cancel a session, I understand that I will receive a credit for that session and will be able to use this for one of CPS' make-up services.

Maintenance of records

I agree to accurately and honestly fill in each of the records that my Lifestyle Specialist asks me to complete, as this will provide my trainer with the necessary insight needed to make my program as effective as possible.

Confidentiality

In accordance with the Privacy Act 1988 I am aware that my details will not at any time be passed on to a third party outside of Complete Performance Solutions, unless my prior consent has been obtained. I am aware that I have access to Complete Performance Solutions' Privacy Statement via the company's website (www.completeperformancesolutions.com).

- I do consent to my Lifestyle Specialist corresponding with my other health professionals in relation to my current program, priority areas and progress; in order to co-ordinate our efforts to optimise my health and fitness related outcomes.
- I do not consent to my Lifestyle Specialist corresponding with my other health professionals in relation to my current program, priority areas and progress.

Name: _____

Signature: _____

Date: _____

DEBIT REQUEST

1) First debit or once off debit \$. To be debited on:

2) Regular amount \$. To be debited every: Month(s) or Week(s)

To be debited on:

3) Optional

Ending on: Debits will continue if no end date is specified

OR

End after this total amount is collected \$. Debits will continue if no total amount figure is specified

Bank Account Details

Name of Institution e.g. ("Commonwealth Bank")

Suburb where branch is located:

Name of Account Holder(s):

BSB Number: - Account Number:

I/we authorize Ezypay Limited APCA User ID Number 064323 to debit my / our accounts at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS)

OR

Credit Card Select your card type: VISA MASTERCARD AMEX DINERS

Card Number:

Name on Card: Expiry Date:

Authorisation

This authorization is to remain in force in accordance with the Terms and Conditions on this page (5) which I / we have read and understood.

1 2. Date:

Signature of cardholder(s) or account holder(s)

I would like to receive an Invoice/Receipt at the end of each month to enable me to claim on my private health fund.

Terms & Conditions

1. It is my/our responsibility to have sufficient funds available in my/our account failing which I/we will incur a failed payment fee of up to \$11.44 for each unsuccessful debit, in addition to any fees charged by my/our Financial Institution.
2. I/We understand that a payment processing fee of \$0.88 for bank debit, 2.288% for credit card or 4.576% for AMEX/Diners will be added to my/our Payment Total.
3. I request Complete Performance Solutions to arrange for funds to be debited from my nominated account for the amount specified weekly in advance. This applies for a minimum period of 12 weeks from the date above. I acknowledge that after the initial 12 weeks, my regular training & debit shall continue until I cease my agreement by giving 30 days written notice. I acknowledge that I am not eligible for any refund of moneys paid. Should I choose to cancel my training & agreement prior to the minimum 12 week period I agree to have debited from my nominated account a cancellation fee of \$100.
4. I agree to provide a minimum of 24 hours notice to reschedule any session. I understand that in the event that I cannot provide 24 hours notice I forfeit 100% of the training fee. I am entitled to defer my training for a period of 7 days by providing more than 24 hours notice.
5. I hereby acknowledge that I have fully read, understood and will abide by the terms of this Client Agreement, Debit Request and DDR Service Agreement of Complete Performance Solutions.