

IGNITE FITNESS LIMITED

CLIENT ONBOARDING FORM

Please read our *GDPR & Privacy Policy* for information on how your data will be stored and processed.
Email ignitefitness23@gmail.com to request a copy. By signing this agreement you are consenting to Ignite Fitness Limited processing your personal data in line with our *GDPR and Privacy Policy*.

Personal Information

NAME

DOB

SEX

M

F

Prefer not to say

MOBILE

ALT PHONE NO

EMAIL ADDRESS

HOME ADDRESS

POSTCODE

Emergency contact details

NAME

RELATIONSHIP TO YOU

CONTACT NUMBER

CONTACT EMAIL

NAME

RELATIONSHIP TO YOU

CONTACT NUMBER

CONTACT EMAIL

How did you hear about Ignite Fitness Limited?

IGNITE FITNESS LIMITED

Health & Medical Questionnaire

Due to the nature of the services we provide to our clients, it is our duty of care to ensure the following questionnaire is completed prior to undertaking any fitness services with you.

If you're aged 15-69, this questionnaire will tell you if you should check with your doctor before significantly changing your physical activity patterns. If you're over 69 years and aren't used to being very active, check with your doctor before beginning your training with us.

Please read each question carefully and answer honestly by ticking YES/NO.

	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Is there anyone in your family under 60 years of age who has suffered heart disease, stroke, raised cholesterol or sudden death?		
Are you pregnant or have you given birth in the last 6 weeks?		
Have you been hospitalised in the last 6 months for any reason?		
Do you know of any other reason why you should not take part in physical activity?		

If YES, please comment:

If you answered YES to one or more questions: You should consult with your doctor to clarify that it's safe for you to become physically active at the current time.

If you answered NO to ALL of the questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

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Medical conditions

Do you currently have, or have you ever had, any of the following? (please tick as appropriate)

GOUT	GLADULAR FEVER	ANY HEART CONDITION
STROKE	RHEUMATIC FEVER	HEART MURMUR
DIABETES	DIZZINESS OR FAINTING	HIGH BLOOD PRESSURE
EPILEPSY	STOMACH ULCER	CHEST PAINS/PALPITATIONS
HERNIA	LIVER/KIDNEY INFECTION	RAISED CHOLESTEROL

If you have ticked any of the above, please give details of the condition(s) and/or associated medication. If the condition is no longer relevant, please provide date cleared:

Other health concerns

Do you currently have, or have you ever had, any of the following? (please tick as appropriate)

ARTHRITIS	REGULAR SMOKER
ASTHMA	DIETING / FASTING
CRAMPS	MUSCULAR PAIN
PAIN OR MAJOR INJURIES IN; NECK / BACK / KNEES / ANKLES (delete as appropriate)	

If you have ticked any of the above, please give details of the condition(s) and/or associated medication. If the condition is no longer relevant, please provide date cleared:

I have read, understood and accurately completed this questionnaire. I confirm that to the best of my knowledge the information given is complete and accurate. I know of no reason why I should not participate in any exercise program. I understand that I enter into the program entirely at my own risk and I waive any legal recourse for damages to myself or property arising from my participation. I have read and understood the GDPR and Privacy Policy and consent to the use of my personal data.

SIGNATURE

PRINT NAME

DATE