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**CE Health Personal Coaching Application Form**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Sex |  |
| Address |  |

Please complete the following questionnaire with as much detail as possible.

(Please hand or E-sign and date all forms)

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| What are your goals, outcomes or results you wish to achieve? |
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| Is the outcome aesthetic, performance or health-driven? |
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| --- |
| Why exactly do you wish to achieve this goal or outcome? |
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| --- |
| What would achieving this particular result does to your life? What is the purpose of achieving the goal? |
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| Have you got a certain time or date you would like to achieve your goals by? |
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| --- |
| What are you willing to do to achieve this outcome? |
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| --- |
| What is your experience with exercise/weight training / cardiovascular exercise? |
|  |

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| --- |
| What have been the main four issues you have experienced that restrict you from achieving your outcomes or goals (explain)? Why have you not achieved your goals? |
| 1. |
| 2. |
| 3. |
| 4. |

|  |
| --- |
| What are your current beliefs regarding nutrition? |
|  |

|  |
| --- |
| What is your daily nutrition like? (Daily food + liquid intake (water and other) / eating times) |
| 6.00am -  7.00am -  8.00am -  9.00am -  10.00am -  11.00am -  12.00pm -  1.00pm -  2.00pm -  3.00pm -  4.00pm -  5.00pm -  6.00pm -  7.00pm -  8.00pm -  9.00pm -  10.00pm -  11.00pm -  12.00am - |

|  |
| --- |
| What is your current exercise routine? (Days per week, type of exercise, duration etc) |
| Monday –  Tuesday –  Wednesday –  Thursday –  Friday –  Saturday –  Sunday – |

|  |
| --- |
| What type of exercise do you enjoy? |
|  |

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| --- |
| How many days per week can you commit to training? |
|  |

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| --- |
| Do you smoke/drink? If so, how much and how often? |
|  |

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| --- |
| What is your occupation? Please explain occupation, including the amount of physical activity needed |
|  |

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| --- |
| How well is your sleep quality + amount? |
|  |

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| --- |
| Do you have any medical conditions? Please list |
|  |

|  |
| --- |
| Do you take any prescribed medication? Please list |
|  |

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| What do you wish to receive / what do you expect from Personal Coaching with CE Health? |
|  |

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**Physical Activity Readiness Questionnaire (PAR-Q)**

|  |  |
| --- | --- |
| NAME |  |
| DOB |  |
| EMAIL / MOBILE NUMBER |  |
| SEX | MALE / FEMALE |

Many health benefits are associated with regular exercise, and the completion of a PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is the best guide in answering these few questions.

(Please delete the option that does not apply to you.)

1. Has your doctor ever said that you have a bone or joint problems, such as arthritis that has been aggravated by exercise or might be made worse with exercise?  **YES / NO**

2. Do you have high blood pressure? **YES / NO**

3. Do you have low blood pressure? **YES / NO**

4. Do you have Diabetes Mellitus or any other metabolic disease? **YES / NO**

5. Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)? **YES / NO**

6. Has your doctor ever said that you have a heart condition arid that you should only do physical activity recommended by a doctor? **YES / NO**

7. Have you ever felt pain in your chest when you do physical exercise? **YES / NO**

8. Is your doctor currently prescribing you drugs or medication? **YES / NO**

9. Have you ever suffered from unusual shortness of breath at rest or with mild exertion? **YES / NO**

10. Is there any history of Coronary Heart Disease in your family? **YES / NO**

11. Do you often feel faint, have spells of severe dizziness, or have lost consciousness?  **YES / NO**

12. Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)? **YES / NO**

13. Do you currently smoke? **YES / NO**

14. Do you currently exercise regularly (at least 3 times a week) and/or work in a job that is physically demanding? **YES / NO**

15. Are you, or is there any possibility that you might be pregnant? **YES / NO**

16. Do you know of any other reason why you should not participate in a physical activity programme? **YES / NO**

17. Has your doctor listed a reason why you should not participate in a physical activity programme? **YES / NO**

If you answered YES to any of the questions above, please give further details:

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If you answered YES to one or more questions; If you have not recently done so, consult with your doctor by telephone or in-person before increasing your physical activity and/or taking a fitness appraisal. Tell your doctor what questions you answered ‘YES’ to on this PAR-Q or present your PAR-Q copy. After a medical evaluation, seek advice from your doctor as to your suitability for:

1. Unrestricted physical activity starting easily and progressing gradually
2. Restricted or supervised activity to meet your specific needs, at least on an initial basis

If you answered NO to all questions; If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

1. A graduated exercise + nutrition programme
2. A fitness appraisal
3. Intrinsic Biomechanical Assessment

Assumption of Risk

I hereby state that I have read, understood, and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise & biomechanical assessments. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

|  |  |  |
| --- | --- | --- |
| **Clients Full Name (Print)** | **Clients Signature**  **(please hand sign or e-sign)** | **Date** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Clients Full Name (print)** | **Clients Signature**  **(please hand sign or e-sign)** | **Date** |
|  |  |  |

Additional Note: I have taken medical advice and my doctor has agreed that I should exercise. And if the following box is not coloured red, I am happy and agree to be included publicly on CE Health Personal Coaching’s social media platforms.

Note: If any of the above information changes in future I agree that I will inform the coach above of my physical status.

|  |  |  |
| --- | --- | --- |
| **Clients Full Name (print)** | **Clients Signature**  **(please hand sign or e-sign)** | **Date** |
|  |  |  |

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**Cancellation Policy**

We understand that unanticipated event occasionally happens in everyone’s life. In our desire to be effective and fair to all clients, the following policies are honoured:

**Notice**

**24 hours’ notice** is required when cancelling an appointment. That allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours’ notice you will be charged the full amount of your appointment. **This amount must be paid before your next scheduled appointment.**

**No - shows**

Anyone who either forgets or consciously chooses to forget their appointment for whatever reason will be considered a “no-show”. **They will be charged for their “missed” appointment. This amount must be paid before your next scheduled appointment.**

**Late Arrivals**

If you arrive late, your session may be shortened to accommodate others whose appointments follow yours. Depending upon how late you arrive, your coach will then determine if there is enough time remaining to start a session. Regardless of the length of the session given, you will be responsible for the ‘full’ session. Out of respect and consideration to your fellow clients of CE Health, please plan accordingly.

**I have read the above information and agree to all aspects noted above.**

|  |  |  |
| --- | --- | --- |
| **Clients Full Name** | **Clients Signature**  **(please hand sign or e-sign)** | **Date** |
|  |  |  |