

Section 1 Personal Particulars

Name: Date of Birth..... Sex.....

Address: Phone (h).....

.....P/C..... Phone (w).....

In case of Emergency, whom should we contact for you?

Name: Relationship.....

Phone (w): Phone (h).....

Section 2 Exercise & Lifestyle History

Exercise History: (Tick most correct)

Do you currently engage in exercise Yes No

If yes, how many sessions per week 1 – 3 3 -5 >5

How long on average are the sessions <30min >30min 1hr

What activities (if any) do you currently engage in? (Tick one or more)

Walking Running Cycling Swimming Sport Specific CrossFit

Aerobics Weights Circuits Other MMA / BJJ Personal Training

Briefly describe these activities you are doing:

.....

How would you rate your activity levels at work, uni. or other (pick one only)

Largely inactive (desk job, student)

Lightly active (teacher, housework)

Heavily active (bricklayer, labourer)

Do you have any previous background with sport or physical activity? Yes No

Explain.....

Do you feel / think an exercise will help you? () Yes () No

Explain.....

Do you have any concerns / queries regarding commencing a new exercise program? () Yes () No

Explain.....

Are you familiar with Crossfit, it's protocols and concepts? () Yes () No

When do you prefer to exercise? (Please rank in order of priority)

() Before Work () Lunchtime () Afternoon () Evening () Morning

Listed below are several goals that can be achieved with regular exercise. Please rank how important they are to you.

(1 = very important, 10 = least important)

- Feel Healthier (all around functional fitness)
- Improve Strength
- Improve muscle size
- Improve muscle tone
- Improve aerobic capacity
- Reduce fat mass
- Improve flexibility
- Improve ability at sport
- Improve ability to cope with stress
- Improve social life

What do you like to do for exercise? (only suggestions)

() Walking () Running () Cycling () Swimming () CrossFit () Surfing

() Cardio () Weights () Circuits () Climbing () Strength ()

Other.....

Section 3 Medical History

1. Have you consulted a doctor about starting an exercise program () Yes () No

2. Have you knowingly suffered from? **(Please tick if Yes and x for No)**

Heart Condition	Pain or Tightness in Chest	Rheumatic Fever	
Arthritis	Heart Palpitations	Muscular Pain or Cramps	
Asthma	Any infections or Infectious Diseases	Hernia	
Diabetes	Liver / Kidney Condition	Back Pain	
Epilepsy	High / Low Blood Pressure	Chronic Cough	

Regular Headaches	Have you been hospitalised lately?	High Cholesterol
Cancer	Female > 45 years & unaccustomed to exercise?	Major Operations
Thyroid Condition	Male > 45 years & unaccustomed to exercise?	Any Major Injuries
Are you Pregnant?	Any condition that may limit your activity?	

Do you smoke regularly **Yes** **No**

3. If you have TICKED or answered YES to any of the above, or have any other condition please give details

.....

.....

.....

4. Are you taking any non prescribed medications? () Yes () No If YES, please provide details

.....

.....

.....

5. Do you experience any side effects from these medications?

6. Exercise Intentions

Do you want to exercise intensely and be constantly challenged **Yes** **No**

7. What would you say your current activity patterns were?

Intensity	Frequency	Duration	
Minimal	=< 2 x a week	< 3 months	<input type="checkbox"/>
Intermediate	>= 3 x a week	3 – 12 months	<input type="checkbox"/>
Athletic	>= 3 x a week	> 12 months	<input type="checkbox"/>

Do you have any other comments / suggestions / questions regarding CrossFit or your current exercise program?

.....

.....

.....

I have read and understand the above information and have completed each section to the best of my knowledge

Signature

Date

Privacy and Protection of Information: WE WILL NOT SELL OR RELEASE YOUR PERSONAL INFORMATION

The information obtained will be treated as confidential and will not be released or revealed to any person without your written consent. The information obtained may be used for statistical or scientific purposes with your right of privacy retained.