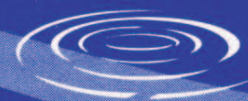




Personal Programme Profile



fitnessexpress®

This information will be kept confidential.

Please note that the information given in this form is designed to assist Fitness Express in tailoring exercise programmes specific to the needs and requirements of individual members.

Date: _____

PERSONAL INFORMATION

Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Address: _____

Telephone: _____

Occupation: _____

Person to contact in case of emergency

Name: _____ Telephone: _____

General Practitioner

Name: Dr. _____ of _____

Address: _____

PERSONAL HEALTH HISTORY

(Tick the box only if your answer is yes)

- Are you over 45 and not accustomed to vigorous exercise?
- Has a doctor ever told you your blood pressure was too high? When?
- Are you currently taking medication for high blood pressure?
- Have you ever had a stroke? When?
- Has a doctor ever said you have heart trouble?
- Have you ever had chest discomfort brought on by exercise and relieved by rest?
- Have you ever had a heart attack? How many? Date(s)
- Is there a history of heart disease in the family?
- Do you often feel faint and have spells of severe dizziness?
- Have you ever had a fit?
- Do you have difficulty breathing?
- Do you ever get short of breath when sitting or sleeping?
- Do you have a chronic or recurring morning cough?
- Do you tire easily during everyday activities?
- Do you have swollen, stiff or painful joints?
- Have you ever in the past had muscle, bone of joint illnesses or injuries (including your back)?

Describe:



Do you have any muscle, bone or joint problems (including your back) that affect you now?
Describe: _____

Have you received any treatment for any orthopaedic or neuromuscular problems?
Describe: _____

Is there any good reason not mentioned here why you should not follow an exercise programme?
Describe: _____

OTHER MEDICAL/HEALTH PROBLEMS

Have you experienced any other medical/health problems not covered in these questions

HOSPITALISATION

List previous hospitalisations for surgical procedures or medical problems

Year	Reasons for admission
_____	_____
_____	_____
_____	_____

MEDICATION

List any medication you are taking, giving reason

Medication	Reason
_____	_____
_____	_____
_____	_____

GENERAL HEALTH STATUS

Do you presently feel you are in good health?

- not at all
 - much less than your average
 - less than your average
 - your average
 - better than your average
 - outstanding health
- How would you evaluate your health status over the past 6 months?
- same
 - better
 - worse

SMOKING HISTORY

Do you smoke at present?

Cigarettes? Per day: _____
Cigars? Per day: _____
Pipe? Per day: _____
Years smoked: _____

Are you an ex-smoker?

How long ago did you stop? _____ years _____ months

DIET

What do you consider is a good weight for yourself?

How do you feel about your weight?

How would you describe what your bodyweight is doing at the moment?

- stable
 - fluctuating
 - Gain
 - intentional
 - Loss
 - intentional
 - unintentional
 - unintentional
- Are you currently following any specific dietary regime? Describe

ALCOHOL

On average how much of the following do you consume. Remember home measures tend to be bigger than pub measures

Per Week _____ Single occasion _____

Wine (glasses) _____

Beer or lager (pints) _____

Ordinary _____

strong _____

extra strong _____

Cider (pints) _____

Ordinary _____

strong _____

Spirits (measures) _____

STRESS

Circle the number on the scale which best represents how you generally feel.

I feel as relaxed as I've ever been in my life

I feel there is a balance between the relaxation/tension in my life

I feel as stressed and tense as I've ever been in my life

1

2

3

4

5

6

7

8

9

10

I feel completely in control and on top of things

I am generally in control and on top of things

I feel out of control and things are getting on top of me

1

2

3

4

5

6

7

8

9

10

How many hours of sleep do you get at night on average? _____ hours.



EXERCISE

How much physical exertion (sufficient to produce perspiration) is required in your job?

none very little moderate heavy

Are you currently involved in a regular exercise programme?

Yes No

Do you regularly run, walk, swim or cycle?

Yes No; if yes, time spent per session _____ Days per week _____

What other activities are you regularly involved in?

Tick the box if your answer is yes.

My heart thumps after only 3 or 4 flights of stairs.

I ache all over after digging a small patch of garden.

I find an hour of house work tiring.

I'm tired out after carrying two bags of shopping for about a quarter of a mile.

Answer the following questions by giving ONE number that best describes your feelings for each statement

Motives (reasons) for exercise:

5 definitely yes 4 yes 3 neither yes/no 2 no 1 definitely no

I want to exercise for reasons of ... 5 4 3 2 1

1. body shape 5 4 3 2 1

2. to meet other people 5 4 3 2 1

3. competition 5 4 3 2 1

4. challenge/excitement 5 4 3 2 1

5. relaxation 5 4 3 2 1

6. weight loss/control 5 4 3 2 1

7. physical fitness 5 4 3 2 1

8. general health/well-being 5 4 3 2 1

9. hobby time filler 5 4 3 2 1

Exercise Motivation

5 very motivated 4 fairly motivated 3 neutral 2 not very motivated 1 not at all motivated

5 4 3 2 1

How motivated are you to exercise?

Have you ever taken part in exercise before that you haven't enjoyed? Yes No

Why didn't you enjoy it?

Problems/barriers

Strategies

Major objective

Regularity of exercise Goals set

Client notes

DECLARATION

We collect the above information about your health and medical history so that we have as much relevant information as possible to provide you with a suitable, safe exercise programme. We will use our best endeavours to hold this information securely in recognition of its confidential nature, and it is only seen by our leisure professionals and by authorised personnel of Fitness Express. Unless we are legally required to do so, it will not be disclosed to any third parties without your prior written consent. By signing below, you consent to us holding this information for these purposes.

I certify that I have answered the above questions correctly and to the best of my knowledge am free from any medical conditions which may be aggravated by physical exertion. I confirm that I will immediately advise a member of the leisure team of any change in my medical circumstances.

I agree not to use any item of gym equipment until I have received instruction on its use.

Signed:

Date:



Membership Tariff


Ardsley House
 HOTEL & HEALTH CLUB


fitnessexpress[®]

Joining fee

The joining fee is payable in the first year of membership only.

Individual £145.00

Couple £215.00

Membership Subscription

Payable in full or by monthly direct debit.

		Monthly Membership Tariff	Annual Membership Tariff
Full	Individual	£43.50	£473.75
	Couple	£76.75	£849.25
Off Peak	Individual	£27.75	£304.00
	Couple	£51.25	£540.75
Day Membership	Adult £12.50	Junior £7.50	

All memberships are inclusive of VAT at 17.5%.

Off Peak membership restricts usage of the Club from Monday to Friday only between 7am and 5pm.

Memberships are only available to people over 16 years old. However, members children will be allowed to use the swimming pool facilities until 6pm each day for a session fee of £3.75.

Members may bring guests into the club on the payment of half the daily membership fee.



Ardsley House
HOTEL & HEALTH CLUB

Opening Times



Monday	6-30am - 9.30pm
Tuesday	6-30am - 9.30pm
Wednesday	6-30am - 9.30pm
Thursday	6-30am - 9.30pm
Friday	6-30am - 9.30pm
Saturday	8am - 8pm
Sunday	8am - 8pm

Fitness Express, Ardsley House Hotel
Doncaster Road, Barnsley, South Yorkshire S71 5EH

Telephone: 01226 329010