

BOOKING FORM

Personal Details

Surname: _____

First Name(s): _____

Address: _____

Post Code: _____

Tel No(s) (Home): _____

(Work): _____

(Mobile): _____

Email Address: _____

Date of Birth: _____

Age: _____

Height: _____

Weight: _____

Gender: _____

Occupation: _____

How did you hear about Life Changing Weight Loss Retreats?

Please tell us why you decided to come on an LC Weight Loss retreat

Emergency Contact

In case of an emergency, please contact:

Full Name: _____

Relationship: _____

Tel No(s): _____

Doctor's Name: _____

Address: _____

Post Code: _____

Tel No: _____

Activity Levels

With this information, we aim to establish your current activity levels. Fitness cannot be stored; therefore any regular activities that have recently lapsed will no longer be relevant. For this reason all questions relate to the actual activities you have participated in during the past MONTH only.

1. How would you describe your current level of physical activity?

Please circle the description that best suits you:

Sedentary

Moderately Active

Very Active

2. Are you currently involved in any physically active hobbies?

Moderate physical activity is sufficient to make you slightly breathless and sweaty for 20 minutes. Examples are brisk walking, cycling for pleasure, swimming etc.

3. During the last month what types of moderate activity have you engaged in?

4. How frequently did you exercise moderately over the last month?

5. On average, what time did you spend on each of these moderate activities?

6. During the last month what types of vigorous activity have you engaged in?

7. How frequently did you exercise vigorously over the last month?

8. On average, what time did you spend on each of these vigorous activities?

9. What type of exercise do you prefer?

10. What method of training do you prefer? Please circle the description that best suits you:

Group	Personal Trainer	Competitive
Non-Competitive	Gym	Sport
Alone	Other (Please specify)	

11. What is your preferred training environment? Please circle the description that best suits you:

Gym	Studio	Outdoors
Other (Please specify)		

Nutritional Information

Please provide a brief description of your current eating habits:

Do you have any special dietary requirements? (Please circle) YES NO

Medical Questionnaire

If you answer YES to any of the questions below, please give full details:

1. Has your doctor ever said that you should not participate in physical activity without the recommendation of a doctor? YES NO

2. Do you suffer from, or have suffered from any of the following conditions?

High blood pressure	YES	NO
Low blood pressure	YES	NO
Dizziness	YES	NO
Angina	YES	NO
Heart Attack	YES	NO
Diabetes	YES	NO
Epilepsy	YES	NO
Allergies (please state)	YES	NO
Liver / Kidney / Stomach condition	YES	NO
Dizziness / loss of balance	YES	NO
Eating disorders	YES	NO
Major trauma / injury / surgery	YES	NO
Asthma	YES	NO

Arthritis / Osteoarthritis	YES	NO
Major Sports Injury	YES	NO
Cholesterol problems	YES	NO
Stroke	YES	NO
Depression / Anxiety	YES	NO
Any other mental health condition	YES	NO
Other (specify)		

3. Do you have any pain in the following areas?

Hips	YES	NO
Back	YES	NO
Knees	YES	NO
Neck	YES	NO
Shoulders	YES	NO

4. Does exercise aggravate any condition or injury? YES NO

If YES please give details:

5. Is your doctor currently prescribing you any medication? YES NO

If YES please give details:

6. Are you pregnant or have you given birth in the last 6 weeks? YES NO

7. Do you smoke?

YES NO

8. Do you know of any other reason why you should not participate in
physical activity?

YES NO

If YES please give details:

9. Are you registered disabled?

YES NO

If YES please give details:

If you are worried about your ability to participate in any of the activities at LC Weight Loss Retreat please consult your doctor.

If your doctor needs to contact us they can do so at info@rachaelhunt-pt.co.uk

All details are strictly private and confidential.

Booking

Please specify which LC Weight Loss Retreat you would like to attend:

Date: _____

Location: _____

Room type: (please circle) Single occupancy / Shared

Method of travel _____

How to Pay

Please complete your details below and return to us with the enclosed booking and medical forms to:

LC Weight Loss Retreat
2 Moor View
Commonside
Gentleshaw
Staffordshire
WS15 4NQ

By cheque: Please make payable to LC Weight Loss Retreats
Alternatively, to make a BACS payment please call us on 01543 675167.

Declaration

I have read and understood the above questions and have answered them honestly. The information that I have provided is both true and accurate. I confirm that I have read and accept the Terms and Conditions. I understand that if any relevant information is withheld or falsely given, I take full responsibility of any misadventure that may occur. I understand that I need to inform LC if my medical or health condition changes.

LC Weight Loss Retreats assumes no liability for persons who under take physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signed:

Date:

Full Name (Print):