

# JJ Studio Client Screening Checklist

To be completed by all individuals before attending



**Name:**

**Address:**

**Contact number:**

**Email address:**

**Emergency contact details:**

**Name:**

**Number:**

**Relationship:**

## **PAR-Q (physical activity readiness questionnaire)**

\*\*\*Please read carefully and answer yes or no to the following questions providing additional information where appropriate in order I can provide you with the highest level of service.

- 1) Has your doctor ever said that you have a heart condition?
- 2) Has your doctor ever said that you have high blood pressure?
- 3) Do you ever experience severe chest pain during physical exercise?
- 4) Do you suffer from Epilepsy?

- 5) Do you ever feel faint or have spells of severe dizziness?
  - 6) Do you suffer with Osteoporosis or Osteopenia?
  - 7) Do you have Asthma?
  - 8) Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? If yes, please state:
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- 9) Are you or have you been pregnant in the last 6 months?
- 10) Do you have any additional medical conditions or injuries (existing or pre-existing) which could be affected by attending this exercise programme?
- 11) Are you currently taking any prescribed medications for any of the above or other medical conditions? Please list any medications here.
- 12) Are you aware, through your own experience, or from a doctor's advice of any reason why you should not do physical activity without medical supervision?

(if you have answered yes to any of the above it may be necessary to contact your GP prior to participating in an exercise programme)

### **Lifestyle Questionnaire**

- 13) How many times a week do you exercise?
- 14) How would you rate your fitness level? Low / Average / Very Fit
- 15) Please outline any fitness aims or goals you have.

16) Which types of exercise are you interested in?

Cardio / aerobic training  
Strength, toning and body conditioning  
Flexibility  
Pilates  
Yoga  
Personal training (1:1 personalised tuition)

17) Would you be interested in any of the following?

Improved posture course  
Back care course  
Shoulder rehab course  
Women's health course  
Exercise during menopause course  
Barre classes  
Weight loss course  
Nutrition course

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### **Payment and Cancellation:**

All classes and courses must be paid for in advance. Courses are booked on a first come first served basis.

In line with industry practice the full fee will be charged for missed appointments or non-attendance

### **Disclaimer:**

I, the undersigned, hereby acknowledge and fully understand the potential dangers incidental too engaging in a fitness activity, and that such activities require physical effort and exertion. I take full responsibility for my own health and wellbeing and agree that any instructions received will be used at my own risk. I will make my own judgment as to my ability and the difficulty level to safely protect myself from injury.

### **Online Members**

I understand that if taking part in classes over video means, such as Zoom, it is not possible for Judy to fully see and therefore correct my posture and form.

I will take responsibility for working out in a sensible space and manner and to stop any exercise components until I am confident in carrying it out safely.

*I understand this document will be filed and no information will be disclosed to a third party.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_