



NEW MEMBER SCREENING

CONTACT DETAILS

NAME:		GENDER: Male / Female	D.O.B.: __ / __ / ____
HOME ADDRESS:			
WORK ADDRESS:			
HOME EMAIL:		WORK EMAIL:	
HOME PHONE: ()	WORK PHONE: ()	MOBILE:	
Please indicate preferred contact method			
MARITAL STATUS:		NO. OF CHILDREN:	
EMERGENCY CONTACT:		EMERGENCY NUMBER:	

MEMBERSHIP NUMBER: _____

Enquiry date:

How did you hear about us?

Leaflet Friend Email Sign Other

How long have you been thinking about joining a gym for?

What made you come along today?

Comments

If you are between the ages of 16 and 69 and are intending to take part in physical activity or regular sport/exercise and you are new to exercise, the questions below will give an indication as to whether you should consult a doctor before you start. If you are over the age of 69 and you are not used to physical activity, you may need to consult your doctor first in any case. All information you record on this form will be treated with the utmost confidentiality, it will be stored in a secure place and made available to you at any time.

HEALTH, LIFESTYLES AND NEEDS CONSULTATION

Please tick the appropriate box:

YES	NO
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- Q1 Has your doctor ever said you have a heart condition and/or should only participate in medically supervised physical activity? YES NO
- Q2 Do you ever feel pain in your chest during physical activity? YES NO
- Q3 Have you experienced chest pains when not doing physical activity? YES NO
- Q4 Do you suffer with palpitations? YES NO
- Q5 Is there any history of coronary heart disease or coronary artery disease in either your parents or siblings before the age of 55? YES NO
- Q6 Are you taking medication for high blood pressure or any other heart condition? YES NO
- Q7 Do you have any existing bone or joint problem that could be made worse by physical activity? YES NO
- Q8 Do you experience shortness of breath during only **mild** exertion? YES NO
- Q9 Do you suffer from either Asthma or Diabetes Mellitus? YES NO
- Q10 Are you currently taking any prescribed medication we need to be made aware of? If so, what? YES NO
- Q11 Are you pregnant or have you given birth in the last 6 weeks? YES NO
- Q12 Have you recently undergone surgery or are you carrying any injury? YES NO
- Q13 Are you aware of any other reasons why you should not participate in physical exercise without medical supervision? If so, what? YES NO

Even if you have answered yes to any questions, you may still be able to exercise; the instructor will determine the best course of action from here

Injury history

DATE	INJURY DETAILS	STILL CURRENT

STAFF NOTE

If the client has answered yes to any of the questions, then use your judgement to determine if a Doctor's referral is required – if so, complete the letter and ask them to take this to the Doctor. Continue with the consultation, but do not demonstrate or allow any use of Fitness equipment without the signed letter

Health Check

	On Induction	Re check -	Re check -
Age			
Height			
Weight			
Blood Pressure reading			
Resting Heart Rate			
Peak flow			

Your maximum Heart Rate is: (220 - Age)

220 - _____ = _____.

Please tick the appropriate box:

YES	NO
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Have you ever experienced dizziness or fainting (either during exercise or without exercising)?

<input type="checkbox"/>	<input type="checkbox"/>
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Glucose testing. Dates next in: _____

Have you ever had your cholesterol level checked?

<input type="checkbox"/>	<input type="checkbox"/>
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Cholesterol testing Dates next in: _____

Do you know what your body composition is?

<input type="checkbox"/>	<input type="checkbox"/>
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Body Stat. Dates next in: _____

Do you smoke? If so, how many?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you ever thought about giving up smoking?

IMPORTANT NOTE: If you proceed with a programme of physical activity and, during that period, your health changes so that you would subsequently answer YES to any of the above questions, inform us immediately as you may need to change or even suspend your physical activity or exercise plan. If you feel unwell because of a temporary illness such as cold or flu, it is advisable to stop training and recover properly - wait until you are better.

Exercise History

What exercise / activity have you previously done?

What were the goals you were aiming to achieve?

How successful were you in achieving these goals?

Please explain your success level (positive or negative)

How would you describe your current condition?

Why do you think you are in this condition?

What results do you wish to achieve?

What would be your measurable end goal and by when?

How many times per week can you commit to?	1	2	3	4	5	
How long can you commit to each session?	15	30	45	60	75	90

Summary

[Summarise main and secondary goals; top 3 priorities and any key information.](#)

Member's Comments

Recommendations

Agreed plan

No induction – disclaimer	<input type="checkbox"/>	Standard induction	<input type="checkbox"/>
Personal Programme	<input type="checkbox"/>	Personal Training	<input type="checkbox"/>
		Cost = £	
Energy Fitness _____ Tracking System (Cost = £)	<input type="checkbox"/>

INTEREST RECORD

Would you be interested in any of the following additional services available?

If you tick YES, you consent to the club adding you to a distribution list and occasionally sending you further information

	YES	NO
Classes		
Aerobics		
Circuits		
Spinning		
Yoga		
Other (state)		
Treatments		
Physiotherapy/ Osteopathy		
Hairdressing		
Beauty Therapy		
Other (state)		
Courses		
Weight Management		
Posture		
Flexibility		
Muscle gain		
Other (state)		
Other		
Body composition		
Cholesterol & Glucose		
Other (state)		

FINANCIAL

TYPE OF MEMBERSHIP:			
PRE – PAY (months): 6 / 12 / 18 / 24	DIRECT DEBIT * (monthly amount):		
MEMBERSHIP START DATE: __ / __ / ____	DD START DATE (if different): __ / __ / ____		

Minimum Direct Debit submissions: 6 / 12 / 18 / 24

PAYMENTS TAKEN AT INITIAL APPOINTMENT	
MEMBERSHIP FEE:	£
ADMIN FEE:	£
JOINING FEE:	£
SLIDER PAYMENT:	£
COURSE / OTHER:	£
TOTAL:	£

PAYMENT METHOD:	CASH	CHEQUE*	CREDIT CARD	DEBIT CARD
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*For cheque payments, ensure that the cheque has been completed fully;

- to 'Energy Fitness Professionals'
- signed
- correct date
- on back of cheque please put card details, site name, and membership no.

CARD DETAILS

Cardholders Name: (as shown on card)	
Card Type:	
Card Number:	
Expiry Date:	
Start Date:	
Security Code: (3 digits on the back of card)	
Registered Address of Card: (where bills are sent)	HOME / WORK / OTHER (please state)

Member Disclaimer: I agree that I have seen the Terms & Conditions and agree to them. I understand that if I default from my membership payments, cancel during the contract period or without notice, I agree for the outstanding money to be collected from my card by Energy Fitness Professionals. This may be taken via Worldpay, an online facility.

I understand that following the initial 6/12/18/24-month contract that I must give a minimum of 30 days written notice (electronically) and I must cancel the Direct Debit with the bank, and that EFP will not be held accountable for any funds transferred after the cancellation. I further understand that membership is personal to the member and is non-assignable, non-transferable and non-refundable.

For further detail, please refer to the Terms & Conditions.

Signed: _____

Date: __/__/____

CLIENT DECLARATION

Initials

I agree that the details given by myself in this consultation are correct and that I will inform the Fitness Centre immediately if anything changes that may affect my ability to exercise or related to my contact details

I hereby agree to abide by the Membership and Direct Debit rules that I have been shown and read

I understand that the Fitness Centre staff are here to give me advice and guidance and that I should approach them at any time with any concerns or questions I may have

I give my consent to be added to the gym distribution list and any specific distribution lists related to those areas that I have expressed an interest in. I consent for the facility to contact me by phone, email, or post within reason during the term of my membership or if I owe any payments on termination of membership

I understand that this form and the notes from this consultation are confidential and will be stored in line with General Data Protection Regulations (2018)

I agree to inform the staff of my request to cancel by electronic communication. I understand that I have the right to be forgotten and agree that my personal data will be held securely at site for 36 months, and after this date it will be securely deleted/purged when the details are no longer relevant. I agree that I must withdraw my consent for this to happen

I confirm that the action plan written above was agreed by myself and the Staff Member and that provided I follow their guidelines that I will achieve my goals in the time that we have agreed so the emphasis is on myself if I wish to succeed

I confirm that if I fail to attend a booking for any reason, including Personal Training that I must give 24 hours' notice, or I may be liable for the cost of this booking

Signed: Date:

OFFICE USE ONLY**Booking record**

Reminders should be sent 1 day before appointment

Appointment	Date booked	Attended	Re booked
Induction			
1 st Appointment for course			
1 st Workout			
Re Programme (1)			
Re Programme (2)			
Re Programme (3)			
Health Check (1 st)			
Health Check (2 nd)			
Body stat test			
Cholesterol test			
Glucose test			
On going Appointments			

Staff Checklist

Check point	Date
Have they been added to the Membership database	
Has all the relevant information and actions been completed for the Direct Debit	
Have they been added to the attendance log	
DD mandate completed & checked	
Copy of DD Mandate Taken	
Details added onto New Member Section of BACS List	
Contract end date if applicable	
Have you added this person to all distribution lists	
Have you added the pay details to the Sundry Credit sheet	
Have you set up a reminder about when their membership or contract period is due to expire	
Have you set up the reminder about their birthday	
Have you given them a welcome pack	