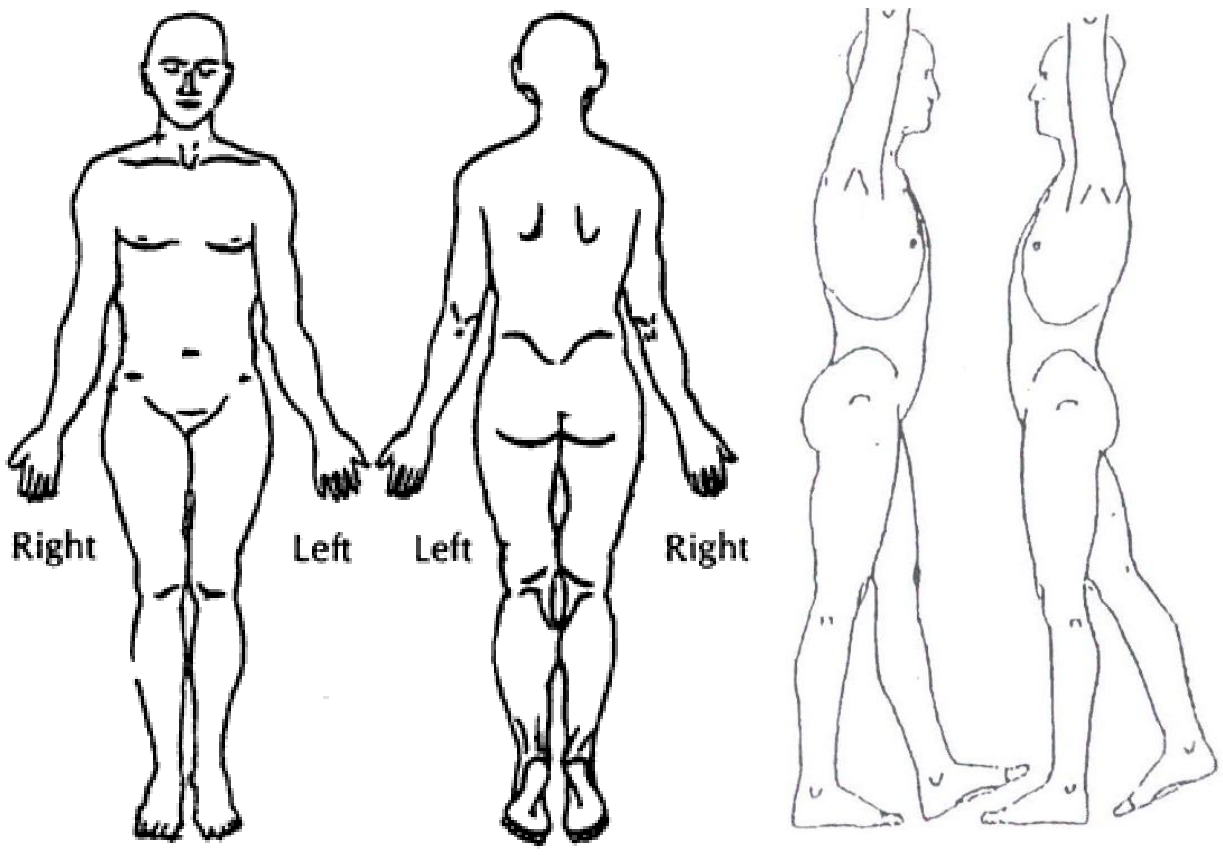


# Pre Activity Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Pain Map

Please label areas of pain:

<input type="checkbox"/> Sharp Pain	<input type="checkbox"/> Dull Pain	<input type="checkbox"/> Other
 <p>The pain map consists of three sets of human body outlines. The first set shows a front view of a male figure with labels 'Right' on the left side and 'Left' on the right side. The second set shows a back view of a female figure with labels 'Left' on the left side and 'Right' on the right side. The third set shows two side views of a female figure, one facing left and one facing right, with small tick marks indicating potential pain locations along the spine and limbs.</p>		





## Family History

Please indicate and detail if your immediate family has experience any of the following:

	Heart Condition	Diabetes	Cancer
Whom			
Details			

## Lifestyle

Question	Answer	Detail
Do you Smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you regularly exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been admitted recently to the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many standard drinks do you consume per week?		
Do you have any other health concerns that may affect your exercise capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous or current occupation		



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## Informed Consent

### Please read through the following terms and conditions:

- The Pre-Activity Questionnaire must be completed and returned to E-Leet Physiology prior/during the initial assessment. The informed consent must be signed, dated and witnessed.
  
- A Medical Clearance form must be completed by your G.P. and returned to E-Leet Physiology prior to beginning the exercise program.
  
- If there are any changes in my health condition that may affect my exercise capabilities, I agree to notify E-Leet Physiology.
  
- I agree to allow E-Leet Physiology to share information with my General Practitioner and/or next of kin, information will be confidential to other 3<sup>rd</sup> parties unless agreed upon.
  
- I agree to follow the exercise program prescribed to me and will notify E-Leet Physiology should any problems arise
  
- E-Leet Physiology does not take any responsibility if injury occurs during activities that have not been prescribed or approved by our staff.

### By signing this document I have confirmed that I have:

- Understood and answered all the aforementioned questions completely and truthfully
- Agreed to all terms and conditions

Signature of Client: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_