



Health Details Form

**CONFIDENTIAL**

First Name: ..... Surname: .....

Email: ..... Gender: (please circle) M / F

Mobile: ..... Work: ..... Home: .....

Street Address: .....

Suburb: ..... State: ..... P/Code: .....

D.O.B: ...../...../..... Current Age: .....

Organisation Name (*Corporate clients only*): .....

Where did you hear about us? (*Please write the name of the person who referred you*):  
.....

**FITNESS**

**What are your personal goals – in regards to your health & wellbeing?**

**What are your personal goals – other than those above?**

**When are you looking to achieve the above goals by?**

**TDY. Team Dynamics – YES! Pty Ltd**  
ABN: 28114565918

PO Box 444, South Melbourne, Victoria, 3205  
w. [www.tdy.com.au](http://www.tdy.com.au) | e. [tdy@tdy.com.au](mailto:tdy@tdy.com.au) | p. +61 3 9696 6388  
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**What activity/exercise have you done in the past? (And when did you do them?)**

**What activity / exercises do you enjoy doing?**

### WORK

**What sort of work do you do?**

**Job Title:**

**Company:**

**Are you physically active in your working environment?**

**Realistically, how many sessions per week can you make available for exercise?**

### GENERAL

Using a scale of 1-10 (1= low, 10= high), please answer the following questions.

- |   |                               |
|---|-------------------------------|
| 1. How do you feel on a regular basis?  | 1..2..3..4..5..6..7..8..9..10 |
| 2. How fit do you feel?                 | 1..2..3..4..5..6..7..8..9..10 |
| 3. What are your general stress levels? | 1..2..3..4..5..6..7..8..9..10 |

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4. What are your motivation levels for this planned exercise regime? 1..2..3..4..5..6..7..8..9..10

**Do you follow a specific diet? (I.e. no carbs, no protein, no meat, etc )** YES / NO  
If yes, details:

**Do you smoke?** YES / NO  
If yes, how many?

**How many hours sleep do you get on average per night?**

**Do you have any children?** YES / NO  
Their ages?

**What do you consider an ideally achievable dress/waist size for yourself?**

## MEDICAL

**Are you pregnant?** YES / NO  
(If yes, you will need to complete the TDY Pregnancy form also)

**Do you have chest pains?** YES / NO  
If yes, details:

**Do you have any known heart related issues?** YES / NO  
If yes, details:

**Do you often feel faint or have spells of dizziness?** YES / NO  
If yes, details:

**Do you have/or have you ever had asthma, diabetes, or epilepsy?** YES / NO  
If yes, details:

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**What prior pain/injuries have you had?  
Details:**

**Are you taking any Medications?  
If yes, details:**

**YES / NO**

**Do you have a regular doctor?  
If yes, what are their details?**

**YES / NO**

**Have you had a recent medical check up?  
If yes, when was it?**

**YES / NO**

**Do you have any other medical condition or issue, not mentioned above?**

PLEASE READ THE FOLLOWING ADVICE CAREFULLY: It is important to exercise at a low level initially. Be sure to limit yourself to a pace where you can still talk comfortably. If using weights, choose a weight within your strength range, and avoid attempting excessive weights by yourself. Should you suffer any injury, illness, or condition in the future, please inform us ASAP, so we can update your records and control your program. It is recommended that all males over 35 and females over 35 should have a medical assessment prior to starting any exercise program.

STATEMENT: I recognise that TDY. Team Dynamics – YES! Pty. Ltd. And all associated staffs are not able to provide me with medical advice with regard to my medical fitness. I have read the exercise advice given above, and I acknowledge to the best of my ability that I am in good health and have no known medical problems that would restrict my ability to participate in this exercise program. I acknowledge that during all times whilst in the supervision of a TDY representative, both my property and my self shall be at my own risk. I hereby certify that I have voluntarily elected to participate in any exercises during TDY sessions / with TDY Exercise Training Program's, and do not hold this organisation or the people involved in the

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organisation, responsible for, and indemnify them from any personal injury, loss, or damage which may occur as a result of my participation in any TDY program / session.

Signature: .....

Date: ...../...../.....

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