

# FitLife Assessment

Name _____	D.O.B. _____
Division _____	Company _____
Gender _____	Age _____
Tel. No _____	Home: _____
	Work: _____
Email _____	Home: _____
	Work: _____

From time to time we would like to email you to confirm that you are happy with our services, provide support for your programme and inform you of the activities taking place and services provided in the centre. You will be able to unsubscribe from these emails at any time.

I do not wish to receive emails.

Regular moderate physical activity is a healthy way to combat many modern day lifestyle diseases. Becoming more active is recommended for most people. However, some people should consult a GP prior to embarking on an exercise plan. If you are male and over 45 years old or female and over 55 years old and have not recently had a medical check or if you have any doubts regarding your health, Nuffield Health recommend that you consult your GP before taking up exercise.

The FitLife questionnaire has several purposes; it is your application form, it will be used to record and assess your health history and current state of health, it will help us to determine whether it would be advisable for you to consult your GP prior to embarking on your new plan and it will be used to capture information that will help us to create a healthy living plan that is right for you.

In order to assess your suitability to exercise, you will be invited to engage in a FitLife Assessment. After the FitLife Assessment, a programme can be devised for you consisting of different activities designed to place a gradually increased workload on the body and thereby improve its function. You may stop the FitLife Assessment or the programme at any time should you feel fatigued or are in discomfort.

## Confidentiality

Information recorded will be treated as strictly confidential; however, it may be used for statistical purposes with your privacy retained.

Please complete questions indicated in Sections A,B, and C before your FitLife Assessment

### To be completed by Nuffield Health staff only:

This document must be completed to the satisfaction of both the member and Nuffield Health. This must be done before the member can proceed to an exercise phase (Please staple any returned referral forms to this form).

	Date of return following consultation	GP/Nuffield/Specialist advocated exercise levels				
		Moderate CV	Unrest CV	Moderate resistance	Unrest resistance	Modified exercise
Full induction and cleared to use without restriction	<input type="checkbox"/>					
Advice to complete moderate exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice to complete moderate exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice to consult a GP prior to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal referral to Nuffield Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes or recommendations from GP/Nuffield/Specialist consultation \_\_\_\_\_

Advisor name \_\_\_\_\_ Advisor signature \_\_\_\_\_

Member name \_\_\_\_\_ Member signature \_\_\_\_\_

# FitLife Assessment

## Section A – Medical History

1. Has your GP ever said you have heart trouble and that you should only do supervised physical activity recommended by an expert?

Yes  No

If your answer is yes: what did the GP advise you, when did this occur and did you have any further treatment or medication?

(Please name any medications) \_\_\_\_\_

2. Have you ever felt unexplained pains in your chest when exercising or at rest?  Yes  No

If your answer is yes: what did you feel, when did these occur and did you consult your GP? \_\_\_\_\_

3. Do you often feel faint or have spells of severe dizziness, get out of breath easily or wake up breathless at night?  Yes  No

If your answer is yes: What did you feel, when did these occur and did you consult your GP? \_\_\_\_\_

4. Are you currently receiving or have you ever received treatment for epilepsy?  Yes  No

If your answer is yes: How often do you have seizures and are you taking medication? \_\_\_\_\_

5. Have you ever been diagnosed as diabetic or do you take medicine to control your blood sugar levels?  Yes  No

If your answer is yes: What type of diabetes? Do you ever experience problems controlling your blood sugar levels while exercising? \_\_\_\_\_

6. Have you ever been diagnosed with a bone or joint problem such as arthritis that could be made worse by exercising?  Yes  No

If your answer is yes: What did the GP advise you, when did this occur and did you have any further treatment or medication?

(Please name any medications) \_\_\_\_\_

7. Has your blood pressure ever been raised when measured by your GP?  Yes  No

If your answer is yes: what did the GP advise you, when did this occur and did you have any further treatment or medication?

(Please name any medications) \_\_\_\_\_

8. Are you taking any medication prescribed by your GP for your blood pressure, a heart condition or other serious illness?  Yes  No

If your answer is yes: What did the GP advise you this medication was for, when did you start to take this medication and what are you taking? \_\_\_\_\_

9. Do you ever experience shortness of breath at rest or with mild exertion (including asthma)?  Yes  No

If your answer is yes: when does this occur? Did you consult your GP about this? \_\_\_\_\_

10. Are you pregnant? (If you become pregnant you should inform us)  Yes  No

If your answer is yes: How far into the term of your pregnancy are you? Is your pregnancy progressing well? Have you asked your GP or midwife whether you should exercise? \_\_\_\_\_

11. Have you recently been hospitalised for treatment or surgery?  Yes  No

If your answer is yes: For what reason were you hospitalised, if you had surgery, which procedure(s) did you have, when did the hospitalisation take place and do you have any physical restrictions resulting from the surgery? \_\_\_\_\_

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12. Are you male over 45 / female over 55 and not accustomed to exercise?  Yes  No

13. Are there good reasons not mentioned above, why you should not follow an activity programme even if you wanted to?  Yes  No

If your answer is yes: What are those reasons? \_\_\_\_\_

### Continue on to Question 17

#### Do not complete – administrative use only

14. Is SBP raised above 160mmHg and/or DBP raised above 100mmHg after thorough repeat testing protocol has been followed?  
(Diabetic 130/80)  Yes  No

15. Is Resting Heart Rate raised above 100 bpm after repeat testing protocol has been followed?  Yes  No

16. Is Blood Glucose confirmed raised  $\geq 8.0$  mmol/L?  Yes  No

#### Section B – Coronary Heart Disease Risk Factors

17. Do you smoke tobacco or have you smoked within the last six months?  Yes  No

If your answer is yes: How much and how often? \_\_\_\_\_

18. Is there any family history of heart attack or stroke in your parents or siblings, males younger than 50 or females younger than 55 years old?  Yes  No

If your answer is yes: which family member(s) and what was the condition? At what age did this occur? did you ever receive any screening or treatment as a result of this? \_\_\_\_\_

19. Are you a man older than 45 years or are you a woman older than 55 years or have you had a hysterectomy or are you postmenopausal?  Yes  No

20. On how many days of the week do you complete physical activity for 30 minutes or more? (Add together any multiple bouts of less than 30 minutes e.g. cycling, jogging, tennis, football, completing active work tasks, walking, golf, heavy gardening or DIY etc)

Never  1–2 days per week  3–5 days per week  >5 days per week

Do you exercise less than 3 times per week?  Yes  No

### Continue on to Question 26

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**Do not complete – administrative use only**

21. Are both BMI and Hip to Waist Ratio raised (i.e. BMI > 25 and "WHR risk "High" or "Very High")  Yes  No
22. Is the aerobic fitness level described as "low" or "very low" &/or < 3 days with 30 minutes of accumulated activity reported each week?  Yes  No
23. Is SBP raised above 140mmHg and/or DBP raised above 90mmHg after thorough repeat testing protocol has been followed?  Yes  No
24. Is Total Cholesterol confirmed  $\geq 6.5$  mmol/L after repeat testing protocol has been followed?  Yes  No
25. Is Blood Glucose confirmed raised > 5.8 mmol/L and < 8.0 mmol/L?  Yes  No

**Section C – Lifestyle factors**

26. Would you like advice to improve your diet?  Yes  No  
If your answer is yes: What type of advice would you like? \_\_\_\_\_

27. Approximately how many glasses of water do you drink each day?   glasses  
Notes on pattern of consumption: do you drink more on certain days of the week or at certain times? \_\_\_\_\_

28. Approximately how many units of alcohol would you say that you drink each week?  
(1 unit = approx. half a pint of beer, one normal size glass of wine, one 25ml measure spirit)   units  
Notes on pattern of drinking etc. \_\_\_\_\_

29. Approximately how many caffeinated drinks do you consume each day? (One drink constitutes a normal strength cup of tea or coffee, or a glass or can of cola / caffeine soft drink) \_\_\_\_\_  
Notes on pattern of consumption: do you drink more on certain days of the week or at certain times? \_\_\_\_\_

30. Approximately how many hours of sleep do you get in each night?   hours  
How would you rate the quality of your sleep (1 very poor – 5 very good)  
Do you feel that you get enough sleep?  Yes  No  
Notes on sleep patterns, influences etc. \_\_\_\_\_

31. How would you rate your typical energy levels? (1 very poor – 5 very good)   
Why do you say this, what do you feel might improve your energy levels? \_\_\_\_\_

Thank you for completing these questions. Your Fitness & Wellbeing Advisor will complete the rest of the questionnaire during your FitLife Assessment.

**Please remember to bring this document with you to your FitLife Assessment.**

# FitLife Assessment

## To be completed by Nuffield Health staff only:

Assessment	Reading	Notes	+ve
When offering advice or discussing FitLife Assessment results, it is important to take into account any previous results from tests the clients has undertaken with Nuffield Health or other medical providers.			
1. Systolic Blood pressure	_____ mmHg	Return to Q14 & Q23 if outside of recommended range	_____
2. Diastolic Blood pressure	_____ mmHg	Return to Q14 & Q23 if outside of recommended range	_____
3. RHR	_____ bpm	Return to Q15 if outside of recommended range	_____
4. Aerobic Fitness VO2max	_____ ml/kg/min	Return to Q22 if outside of recommended range	_____
5. Total Cholesterol	_____ mmol/L	Return to Q24 if outside of recommended range	_____
6. Blood Glucose	_____ mmol/L	Return to Q16 & Q25 if outside of recommended range	_____
7. Height	_____ cm		_____
8. Weight	_____ kg		_____
9. BMI	_____	Return to Q21 if outside of recommended range	_____
10. Waist	_____ cm		_____
11. Hips	_____ cm		_____
12. WHR	_____	Return to Q21 if outside of recommended range	_____

13. Musculoskeletal history: Are you currently experiencing symptoms and/or restricted mobility in any of the following areas:

- Recent and/or debilitating musculoskeletal surgery  Yes  No
- Recent and/or debilitating fractures  Yes  No
- Recent and/or debilitating knee pain  Yes  No
- Recent and/or debilitating shoulder pain  Yes  No
- Recent and/or debilitating back pain  Yes  No

Any other reported current musculoskeletal problems \_\_\_\_\_

Notes: \_\_\_\_\_

## Induction checklist

- Completed screening and referral documentation
- CV equipment: Treadmills, Bikes, Audiovisual, CIIR etc.
- Core, stretching and flexibility training
- Studios: class etiquette and booking procedures
- Treatment rooms: therapists available, booking procedures
- Operating Procedures: e.g. opening hours, towels, lockers, locker hire, fire and emergency
- Scheduled any further sessions
- Explained programming options available from here
- Rules and regulations issued

Notes: \_\_\_\_\_

I am happy with the induction that I have received and I am confident that I can use the Centre safely. I will schedule a planning session if I require any further programming guidance and ask an Advisor if I am ever unsure while exercising.

Signed \_\_\_\_\_

Date

# Informed consent

To be completed before induction:

Name \_\_\_\_\_

I wish to participate in the Activity Programme ("Programme") offered at the: \_\_\_\_\_

I understand that these activities may include gymnasium and group exercise activities (aerobic and resistance). In return for my employer and Nuffield Health accepting me as a participant in the Programme, I represent and agree as follows:

- As required for participation in the programme, I have submitted a completed FitLife questionnaire to Nuffield Health and have undertaken any additional medical evaluations that may have been required of me. I have also attended an induction session with a member of the Fitness and Wellbeing Centre staff.
  - I understand the nature and the purpose of the Programme and am aware that any strenuous physical activity involves certain risks. I assume the risk of any and all accidents or injuries of any kind, which may be sustained by me by reason of, or in connection with, my participation in the Programme. I release, discharge and absolve Nuffield Health and my employer and their officers, directors, employees and agents, affiliates, and subsidiaries from any and all liability or responsibility for any such accident or injury except to the extent such accident or injury is caused by or results from the negligence of Nuffield Health or my employer or any of their officers, directors, employees and/or agents. This release shall be binding upon my heirs, executors, administrators and assignees.
  - I agree to abide by all the rules and regulations of the Programme and Fitness & Wellbeing Centre and accept that the same may be changed from time to time.
  - I understand that Nuffield Health and my employer may from time to time record and use anonymous statistical data during the course of the Programme and I hereby consent to such use.
  - I agree that my employer and Nuffield Health shall not be liable for the disappearance, loss or theft of, or damage to any of my personal property (including any personal property stored by me in any day use locker, personal locker in any locker rooms or cloak rooms).
- In the case of you answering yes to one or more medical questions on your application form and/or as a consequence of measurements taken during your induction, your Advisor may ask you to sign one or more of the clauses below:

**Sign when relevant: I have discussed the following health issues with my GP and he/she has confirmed that it is suitable for me to undertake supervised activity on a graduated exercise programme. I agree to abide by the outlined recommendations.**

- |   |  |   |                                      |                                      |
|---|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1. Reported cardiac illness                            | <input type="checkbox"/> 2. Chest pains                | <input type="checkbox"/> 3. Fainting or dizziness             | <input type="checkbox"/> 4. Epilepsy | <input type="checkbox"/> 5. Diabetes |
| <input type="checkbox"/> 6. Musculoskeletal                                     | <input type="checkbox"/> 7. Reported high blood        | <input type="checkbox"/> 8. Medication for serious conditions | <input type="checkbox"/> 9. Asthma   |                                      |
| <input type="checkbox"/> 10. Pregnancy  | <input type="checkbox"/> 11. Recent hospital treatment | <input type="checkbox"/> 12. Age (M > 45 yoa; F > 55 yoa)     |                                      |                                      |
| <input type="checkbox"/> 13. Other reasons: _____                               |  |   |                                      |                                      |
| <input type="checkbox"/> 14. SBP $\geq$ 160 or DBP $\geq$ 100 (Diabetic 130/80) | <input type="checkbox"/> 15. RHR > 100                 | <input type="checkbox"/> 16. Blood sugar $\geq$ 8.0 mmol/L    |                                      |                                      |

Moderate exercise \_\_\_\_\_

Modified exercise Avoid: \_\_\_\_\_

Signed \_\_\_\_\_ Date [ ][ ][ ][ ][ ]

**Sign when relevant: My Fitness & Wellbeing Advisor has advised me that the following issues may place me at a greater than normal risk of incident while exercising and explained that they advise me to limit the intensity of my exercise to moderate. I agree to abide by the outlined recommendations.**

- Two or more of the following:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 17. Smoking   | <input type="checkbox"/> 18. Family history of CHD               | <input type="checkbox"/> 19. Age – M > 45, F > 55            |
| <input type="checkbox"/> 20. Sedentary lifestyle & /or fitness level low or very low | <input type="checkbox"/> 21. High BMI & WHR                      | <input type="checkbox"/> 22. SBP $\geq$ 140 or DBP $\geq$ 90 |
| <input type="checkbox"/> 23. Total Cholesterol $\geq$ 6.5 mmol                       | <input type="checkbox"/> 24. Blood sugar >5.8 mmol and <8.0 mmol |  |

Signed \_\_\_\_\_ Date [ ][ ][ ][ ][ ]

I have now discussed these issues with my GP /musculoskeletal professional and have been advised that I may exercise beyond the defined moderate levels as advised

Signed \_\_\_\_\_ Date [ ][ ][ ][ ][ ]

**Sign when relevant: My Fitness & Wellbeing Advisor has advised me that the musculoskeletal issues that I reported may place me at a greater than normal risk of incident while exercising and explained that they advise me to avoid any exercises that are painful or may worsen the condition.**

Reported Musculoskeletal Issues \_\_\_\_\_

Activities to avoid \_\_\_\_\_

Signed \_\_\_\_\_ Date [ ][ ][ ][ ][ ]

I have now discussed these issues with my GP /musculoskeletal professional and have been advised that there is no longer any need for me to avoid any activities as a consequence of this musculoskeletal issue while exercising.

Signed \_\_\_\_\_ Date [ ][ ][ ][ ][ ]

**All to sign: I have read this individual registration and understand all its terms. I execute it voluntarily and with full knowledge of its significance.**

Signed \_\_\_\_\_ Date [ ][ ][ ][ ][ ]

**Please fill in your bank information below. This form gives us permission to withdraw your monthly gym fees from your bank account.**

For those who don't read Dutch, you just need to fill in the following info:

**Bankrekeningnummer: Bank Account Number**

**Girorekening: Giro Bank Account Number (only fill in if you have a Postbank account)**

**Naam en voorletters: Surname and Initials**

**Adres: Address**

**Postcode end Plaats: Postcode and City**

**Datum: Date**

**Handtekening: Signature**

Ondergetekende wordt vooraf op de hoogte gesteld van het moment waarop de afschrijvingen bij benadering zullen plaatsvinden.

## Machtigingskaart

- invullen in hoofdletters -

Ondergetekende verlaent hierbij tot wederopzegging machtiging aan

om van zijn/haar ondergenoemde (giro-)rekening bedragen af te schrijven wegens

Bankrekeningnummer

Girorekening

Naam en voorletters

Adres

Postcode en plaats

Ondergetekende verklaart zich akkoord met de regeling zoals op de aangehechte kaart is vermeld.

Datum

Handtekening

5.118 01.02 08

Machtigingskaart

NUETFIELD PROMOTIVE HEALTH  
LTD  
NUETFIELD HO, 1-4 THE CRESCENT  
BURSTON, SURREY  
GU26 4BN, VERENIGING

Deze kaart verzenden naar het  
bedrijf of instelling waaraan  
de betaling wordt gedaan.