



**New Client From: NDIS funded programs:** Thank you for showing an interest in Celebrating abilities Inc. Please fill-in the form with all your details so we may be able to assist you on your journey.

**Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**What would you like to achieve and get out of your sessions while you are working with us?**  
\_\_\_\_\_  
\_\_\_\_\_

**What are your health and fitness goals?** \_\_\_\_\_  
\_\_\_\_\_

**Has your doctor ever said that you have a heart condition or recommended only medically supervised physical activity?**

**Do you have any pains in your chest at any time or when you perform physical activity?**

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Do you ever lose your balance?

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Do you have a bone, joint or any other problem that causes you pain or movement restrictions?  
Are you pregnant now or have given birth in the last 6 months?

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Do you take medications, either prescription or non-prescription, on a regular basis? If yes, please list all medications.

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How does this medication affect your ability to exercise or achieve your fitness health goals?

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Please circle any of the below conditions that you have or any of your family members have. Heart disease, angina, high blood pressure, high cholesterol, peripheral vascular disease, epilepsy, stroke, emphysema, pneumonia, asthma, bronchitis, diabetes - if yes which type? Thyroid conditions, osteoporosis, arthritis, anaemia low iron, bone fractures, depressions, high anxiety, phobias, OCD, eating disorders, sleep problems

Please advise us what your challenges are, if any, or any condition's that we may need to be aware of so we may help you.

Please list medical history, so that we can assist you and focus on celebrating your abilities.

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Do you need assistance entering studio? Wheelchairs, aides, walking frames?

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Please list any medications.

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Please advise us if it is ok to contact your doctor. Osteopath, physio or any other specialist if required. NO- Yes \_\_\_\_\_

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Name of doctor, Physio or any other specialist/therapist-

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Location: \_\_\_\_\_

Is there anything that may limit you in participating in our program? By listing any concern's or challenges we can help you work through them together.

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### Lifestyle related questions

Do you smoke? If yes, how many a day?

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Do you drink alcohol? If yes how many drinks a day/week?

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How many hours do you sleep a night?

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Describe your job is it sedentary, active, or physically demanding?

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Does your job require travel?

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On a scale of 1-10, how would you rate your stress levels? 1 low - 10 high

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List your 3 biggest sources of stress?

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Is anyone in your family over weight? Were you over weight as a child?

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Fitness history When were you in the best shape of your life?

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Have you been exercising consistently for the past 3 months?

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When did you first start thinking about getting into shape?

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On a scale of 1-10 how would you rate your present fitness levels? 1 low or high?

### Nutrition related questions

On a scale of 1-10 how would you rate your nutrition? 1 poor 10 excellent

How many times a day do you usually eat, including snacks?

Do you skip meals?

Do you eat breakfast?

What activities do you engage in whilst watching TV?

How many glasses of water do you consume daily?

Do you feel drops in your energy levels throughout the day? If yes when?

Do you know how many calories you eat a day? If yes how many?

Are you currently or have you ever taken a multivitamin or any other food supplements? If yes, please list them.

#### Nutrition related questions (continued)

When you are at work, school or home do you eat out or do you cook your meals?

How many times a week do you eat out?

Do you do your own grocery shopping?

Do you do your own cooking?

Besides hunger, what other reasons do you eat?

Please circle any of these that resonate with you. Boredom, social, stressed, tired, depressed, happy, nervous, or anything else?

Do you eat past the point of fullness? Please circle – often sometimes never

Do you eat foods high in fat or sugar? Please circle often - sometimes never

List 3 areas of nutrition you would like to improve?

#### Exercise related questions

How often do you take part in physical exercise per week?

Is your exercise participation lower than you would like it to be? If yes, what is the reason?

Are you exercising regularly at the moment?

What activities are you presently involved in? Please circle Sports, football, basketball, gym, personal training, hiking, skiing, boxing, running, snow barding, cycling, tennis. Are you participating in any strength training? Stretching? Cardio training?

Please list any sports or activities that you are involved in that is not listed here.

#### Developing Your Fitness Program

Please circle how you prefer to exercise. Inside, outside, combination, small groups, alone combination, morning, afternoon, evening

How often would you like to exercise a week?

What are the best days for you to exercise?

Please circle Monday Tuesday Wednesday Thursday Friday Saturday Sunday

## Goal setting, and how we may help you

Please circle any which apply and resonate with you. Lose body fat, develop muscle, rehabilitation of injury, nutrition education food diaries, we teach you how to eat and what to eat, increase muscle mass, fun, motivation, fitness, mindset, posture, Pilates body awareness, body shaping, aerial yoga, silks, Lyra, trapeze, bungee fitness, bridal boot camp, bridesmaid, getting ready for an event, tv appearance

### Please list in order of priority:

What are your fitness goals that you would like to achieve in the next 3 - 6 - 12 months?

- 1.
- 2.
- 3.
4. Provide more detail here about the time frame for your goals?
  
5. How will you measure whether you have reached your goals?

How committed are you to achieving your goals?

Please circle one Very committed - semi committed

What do you think is the most important thing we can do to assist you in achieving your health and fitness goals?

Outline any obstacles that you may stopping you form achieving your goals?

Are there any behaviours or activities that may impede your progress towards accomplishing your goals?

Are there any behaviours or activities that may impede your progress towards accomplishing your goals? E.g.: not training consistently, upcoming vacation, busy season at work, not following the programs.

How committed are you to focus on your goals and not allowing other responsibilities to become a priority over exercise and looking after yourself?

Outline 3 tactics that you plan to utilise to overcome any obstacles that may arise?

- 1.
- 2.
- 3.

## Mindfulness and mental health questions

We are here to be of service assisting you with your health and fitness goals.

**Mental health is important to keep you motivated and on track, gaining a better mental health will improve your quality of life.** Please rate out of ten how you feel your mental health is at this present time?

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**Mind and Body connection is important** so we assist you in improve pathways to support your mind and body connection. We value hope, courage and perseverance, knowing that sometimes we all have mental health challenges. Please let us know if you need any help in this area.

### Behaviours: Please note:

**Any aggressive behaviour and any form of verbal abuse, physical, mental or via email will not be tolerated.** We are nice people and doing our best to assist you & be of service.

**We are all living in challenging times and every person deserves respect.**

**We have zero tolerance for any abuse. This includes projecting your own stuff on to others.**

**If you do not respect everyone on the premises you will be asked to leave with no refunds.**

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**24-hour notice is required for any cancellations or full session is charged. As often we have a waiting list for out time slots. Please sign that you understand.**

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**Is there anything else we may need to know that we haven't asked already? Please advise.**

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**Your 1st step** is completing this form and then we do an assessment evaluation. Where we meet and go over your information and discuss, all activities, (make a plan) and what we will be doing at your session's. We asses your posture, core, test Vo2 (fitness test) weight measurements if you require. Check your visceral fat, body fat, internal biological and metabolic age then we plan your program to suit your goals and needs.

**Please advise** if you are bringing a support worker, carer, parent or guardian at each session.

**We require you to be toilet trained** and wear appropriate clothing, continence pads if needed.  
**#If you need nappy changes please advise-**

**Please list days,** times you prefer and we will do our best to accommodate you.

**We would-be grateful** if you are able to write a short testimonial at some time after sessions.

**No or yes.**

Please note that you have read and signed above that 24 hours' notice is required upon re scheduling or cancelling a session. If you do not do this full session is charged.

We would love it if we may use your photos and videos of your sessions with us here at celebrating abilities. Please sign that this is ok and that you give us permission to do so.

No or yes please sign \_\_\_\_\_

We do these next two pages with you at your assessment.

Client's name: \_\_\_\_\_ Date: \_\_\_\_\_

Blood pressure: have you ever had any problems with blood pressure?

Blood pressure results: \_\_\_\_\_

Fitness test results: out of 5 - 1 poor 5 excellent.

This is where we test your oxygen uptake to see how much oxygen your body is consuming per kg of body weight.

Inner scan body composition monitor:

This test is utilised by the Institute of Sport. This is a BIA bio impedance analysis (BIA). Safe low level electrical signals are passed through the body via the patented foot pads on the monitor platform. It is easy for the signal to flow through fluids in the muscle and other tissues but meets resistance as it passed through the body fat, as it contains little fluid. This resistance is called bio impedance. The impedance readings are then entered into a medically mathematical formula to calculate the body composition

.Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Body fat: \_\_\_\_\_ Total body water: \_\_\_\_\_ Visceral fat: \_\_\_\_\_

BMR Metabolic rate and age: \_\_\_\_\_ Bone mass: \_\_\_\_\_

Body fat callipers: Biceps \_\_\_\_\_ Triceps \_\_\_\_\_ Abs \_\_\_\_\_ Back \_\_\_\_\_

Measurements

inches: Chest \_\_\_\_\_ Waist \_\_\_\_\_ Hips \_\_\_\_\_ Right thigh

\_\_\_\_\_ Left thigh \_\_\_\_\_ Right arm \_\_\_\_\_ Left Arm \_\_\_\_\_

Strength flexibility test: Poor Good Excellent

\_\_\_\_\_

Push up test: (number performed using correct technique in 1 min) \_\_\_\_\_

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Abdominal test: Poor Good Excellent \_\_\_\_\_

**BMI weight range** M2: body mass index less than 18.5 is under weight. 18-25 is healthy weight range; 25-30 is overweight, over 30 obese \_\_\_\_\_

To calculate your BMI use your height \_\_\_\_\_ x 1.87 cm = then your weight divided by your score above BMI score is \_\_\_\_\_ or jump on line and use a BMI app.

**Postural analysis side view:**

Head neutral or forward cervical spine:

Normal or excessive extension

Thoracic: normal or excessive flexion or flat

Lumbar: normal excessive ext or flat

Pelvis neutral asis symphysis pubis in a vertical line usually lumbar spine will have a normal ext anterior pelvic tilt. –

Pelvis asis forward: of symphysis pubis usually, lumbar spine will have an ext in lordosis posterior pelvic tilt.

Flat back Hips: neutral flexed or extended Knees: neutral hyper extended or flexed ankles neutral plantar flexed or dorsi flexed

**Postural analysis - front view:**

Head: neutral or forward

Shoulders: level right higher or left higher

Ribcage: normal rotated clockwise or rotated counter clockwise

Pelvis: level -right higher- left higher –rotated clockwise - rotated counter clockwise

Femur: straight- lateral rotation or medial rotation Knees: normal or knock kneed or bow-legged

Feet: inverted (supinate) in or everted out (pronate)

**Postural analysis back view:** Scapula: normal –protracted – retracted – elevated – depressed- winging Lumbar spine: normal extension - excessive extensions- flat – To get a true reading of lumbar spine check pelvis out first Stabiliser test: using a pressure bio feedback machine – precision in specific muscle testing. Iliopsoas, transverses, abdominals/ internal oblique, gluteus maximus, deep neck flexors muscles.

**We look forward to working with you and are here to be of service.**

**Location:** 113 Yarra Valley Boulevard Bulleen 3105

-Parking on nature strip out the front of 113 Yarra valley BLVD.