



Herb House

THE HERB HOUSE at Lime Wood
 Beaulieu Rd, Lyndhurst, Hampshire SO43 7FZ England
 Telephone 023 8028 7177 Fax 023 8028 7199
 Email herbhouse@limewood.co.uk Web www.limewood.co.uk/herbhouse

Fitness Consultation Form

First Name		Last Name	
Date			
Address			
Date of Birth	Height	Weight	

Medical History <i>Please circle</i>			Additional notes
Metal Plate or Pins in the body	Yes	No	
High/Low Blood Pressure	Yes	No	
Heart Conditions	Yes	No	
High Cholesterol	Yes	No	
Asthma	Yes	No	
Thyroid Conditions	Yes	No	
Epilepsy	Yes	No	
Allergies	Yes	No	
Diabetes	Yes	No	
Pace Maker	Yes	No	

WOMEN ONLY		
Are you pregnant or planning on or receiving any aided fertility treatments?	Yes	No

Is there anything else you think we should be aware of regarding your health?

LIFESTYLE
What is your occupation?

Please circle your current stress level	Low	Moderate	High	Excessive	
Circle any postural difficulties you suffer with?	Neck	Shoulders	Back	Hips	Knees Feet



Herb House

THE HERB HOUSE at Lime Wood
Beaulieu Rd, Lyndhurst, Hampshire SO43 7FZ England
Telephone 023 8028 7177 Fax 023 8028 7199
Email herbhouse@limewood.co.uk Web www.limewood.co.uk/herbhouse

Fitness Consultation Form

NUTRITION			
Would you consider your diet to be healthy?			
What do you generally eat for:			
Breakfast			
Lunch			
Dinner			
Do you snack throughout the day?	Yes	No	(Please Circle)

BEVERAGE CONSUMPTION			
On average how many glasses of water do you drink per day?			
Tea / Coffee per day?			
On average how many glasses of Wine, Beer (Pints), Spirits (Shots), per week (Only for this question)			
Are you a Smoker?	Yes	No	
If Yes, how many a day?			

EXERCISE			
Please circle			
Are you currently exercising?	Yes	No	
What Exercise do you do?			
How many times a week do you exercise?			
Are there any areas of your body or lifestyle that you would like to improve?			
What are Your Goals?			
When do you want to see the results?			

Disclaimer

We do not accept responsibility for lost, stolen or damaged valuables, vehicles, cash or personal items in any of our premises.

The undersigned, understands, acknowledges and agrees that: (i) I am aware that the facilities, treatments and services offered by The Herb House, involve risks, included but not limited to, risk of bodily injury; (ii) I have provided all the relevant information regarding my medical history and current health status; (iii) I certify that I am making use of the treatments, spa and fitness facilities of The Herb House of my own free will and responsibility; and (iv) I assume all risks associated here with.

On behalf of myself and my heirs and successors I hereby release and discharge The Herb House (the owner) and all its affiliates, subsidiaries, employees, consultants, directors, officers, agents, landlords, representatives, successors and assigns for any liability and all claims or causes of actions arising out of or relating to my use of the facilities, treatments and services, including but not limited to, those resulting from bodily injury or theft, or loss of, or damage to, property of mine. Nothing in this Disclaimer excludes or limits The Herb House liability for death or personal injury arising from The Herb House's negligence, or fraud or fraudulent misrepresentation, or any other liability that cannot be excluded or limited by English law.

Signature (Guest)	Date
Signature (Fitness Instructor)	Date