VIBRABODY
THE 20 MINUTE WORKOUT • TONE • MASSAGE • STRETCH • STRENGTH

Contact Details

Mr / Miss / Mrs / Ms (please circle) First Name: ________________________ Surname: ______________________________________

Date of Birth: _____ /_____ /_____ Company : ____

Address: ____ Suburb: _________________________ P/Code: _________

Work ph: ______________________ Home ph: ________________________ Mobile: ____________________________

Email: ____ How did you hear about us? ________________________________

Exercise History

Are you currently exercising regularly? Yes / No (If yes, please provide details)

____

Have you exercised regularly in the past? Yes / No (If yes, please provide details)

____

Your Goals

SHORT TERM (6-12 weeks)
1. ____
2. ____
3. ____

LONG TERM (6-12 months)
1. ____
2. ____
3. ____

Medical History

Are you taking any prescribed medication? Yes / No (If yes, please list)

____

Have you had any surgery or injuries in the past 5 years? Yes / No (If yes, please provide details)

____

Do you, or have you, suffered from any of the following? (please circle)

Difficulty in breathing	Yes / No / Not sure	Epilepsy	Yes / No / Not sure
Pain or tightness in your chest	Yes / No / Not sure	Muscular pain	Yes / No / Not sure
Faint spells/ dizziness	Yes / No / Not sure		
Asthma/ emphysema	Yes / No / Not sure	**Joint pain**	
Stroke/ heart conditions	Yes / No / Not sure	- shoulders	Yes / No / Not sure
High blood pressure	Yes / No / Not sure	- lower back	Yes / No / Not sure
Low blood pressure	Yes / No / Not sure	- neck	Yes / No / Not sure
High cholesterol	Yes / No / Not sure	- hip	Yes / No / Not sure
Blood clots	Yes / No / Not sure	- knees	Yes / No / Not sure
Ulcers	Yes / No / Not sure	- ankles	Yes / No / Not sure
Hernia	Yes / No / Not sure	- elbows	Yes / No / Not sure
Diabetes	Yes / No / Not sure	- wrists	Yes / No / Not sure
Spinal abnormalities	Yes / No / Not sure		

If yes, please provide details:

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Medical History continued

Are there any other medical conditions that may affect you undertaking an exercise program? Yes/No

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Contra indications for using the VibroGym

Please note, that if you have any of the following conditions, a medical clearance letter will be required before you are able to use the VibroGym.

- epilepsy Yes / No / Not sure
- severe diabetes Yes / No / Not sure
- severe heart and vascular diseases Yes / No / Not sure
- slipped disc, discopathy or spondylitis Yes / No / Not sure
- knee and hip implants Yes / No / Not sure
- pacemaker Yes / No / Not sure
- recently inserted IUD, metal pins Yes / No / Not sure
- thrombotic conditions Yes / No / Not sure
- tumours Yes / No / Not sure
- recent infections Yes / No / Not sure
- recent operative wounds Yes / No / Not sure
- pregnancy Yes / No / Not sure
- severe migraine Yes / No / Not sure

Signed : ________________________________ Date : ____ / ____ / ______