

please tick your preferred centre

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NEW CLIENT INDEMNITY & DETAILS FORM

Mr / Mrs / Miss / Ms

First Name: _____ Surname: _____

Gender: Female Male DOB: ____/____/____

Address: _____

Postcode: _____

Email Address: _____ Do Not Mail

Home Phone: _____ Mobile: _____

Preferred Method of Contact: Email Phone

Emergency Contact Name: _____

Emergency Contact Number: _____

How did you find out about us? Referral by client _____

Walk by Internet _____ Advert _____

Main interest in centre: _____

Would you like more information about any of our services?

Acupuncture Organic Skin Care

Beauty and Waxing Personal Training

Exercise Pilates

Life Coaching / Counselling / EFT Workshops

Massage / Muscular Therapy Yoga

Naturopathy

Please answer the following questions about your current health situation:

1. Do you take prescribed medications? Yes No

If YES please list: _____

2. Do you have any medical conditions (e.g. osteoporosis, arthritis, heart condition, cancer) which could limit, restrict / affect your ability to exercise? Yes No

If YES please list: _____

3. Do you have any injuries (e.g. sprains, strains, fractures, reconstructions) which could limit, restrict / affect your ability to exercise? Yes No

If YES please list: _____

4. Are you pregnant? Yes No If Yes, how many weeks? _____

5. Do you have any concerns which could affect your ability to exercise? (e.g. chest pains, dizziness) Yes No

If YES please list: _____

If you answered YES to any of the above questions we suggest that you seek a medical clearance from your doctor before engaging in any physical activity or program here at Vitalelife.

I do not wish to provide the above information above but acknowledge the statement below. (Please tick here and sign the statement below)

I understand the advice given above and I acknowledge that during all such times whilst on the premises, both my property and my person shall be at my own risk and I will not hold Vitalelife or employees liable for any personal injury or loss of property whether caused by the negligence of Vitalelife, its employees, servants, agents or contractors. I also agree to abide by all guidelines and conditions associated with the use of Vitalelife facilities.

Signed: _____

(Must be 18+ if not, must be signed by Guardian)

Date: _____