



O-GYM NEW PATIENT REGISTRATION FORM

Title: Mr / Mrs / Miss / Ms Gender: Male Female

First name: _____ Surname: _____

Preferred name: _____

Date of Birth: ____/____/____

Mobile no. _____ Home no. _____ Work no. _____

Street address: _____

City: _____ Postcode: _____

Email address: _____

Emergency contact: _____ Relationship: _____

Emergency contact number: _____

Your doctor's name: _____

Doctor's Company Name: _____

1. How did you find out about O-health?

- Facebook Instagram Yellow Pages Online
 Directory Assist Our Website From my Doctor Google
 Brochure/ Flyer Friend Referral (full name): _____

2. Do you have private health, if so which fund? _____

3. Do you have any previous or existing injuries we should be aware of?

O-GYM POLICY

Our goal is to see people like you more active, more often!

Please read through and sign your consent to our gym policy if you agree.

Fees and Your Account: There are a few different options for payment of your gym program.

Our Pro and Basic Assessment fees must be paid in full at the time of your appointment.

Once you sign up to a program, you can choose to pay in full at the beginning of your program, or set up a direct debit for weekly payments.

Appointment Scheduling: All open gym sessions must be pre-booked to avoid overcrowding in the gym. We recommend booking your gym session times in advance to ensure you get your preferred training time. These can be booked online at our website www.o-health.com.au

Missed Appointments: If you fail to attend, you remove the ability for us to help another patient- it is not fair on them, or our team. All we ask is that you give us as much notice as possible prior to your appointment if you cannot attend.

If you do not notify us we reserve the right to charge the cost of the consultation.

This fee must be paid before your next appointment.

Cleaning: Hand sanitiser is to be used upon entry to the gym every time and all equipment must be wiped down immediately after use.

Gym Etiquette: We ask that anyone using our gym be respectful of others sharing the gym space. Any disrespectful behaviour will not be tolerated and may result in your immediate removal from the gym and any future access to O-health.

I have read, understand and agree to the above gym policy.

Name: _____

Signed: _____ Date: / /

O-GYM WAIVER

I _____ agree that when engaging in any physical exercise or activity, or use any gym amenity on the premises of O-health, that I do so entirely at my own risk. I agree that I am voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury or illness.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: 1) your use of all amenities and equipment at O-health and your participation in any activity, class, program, personal training or instruction; 2) the sudden and unforeseen malfunctioning of any equipment; 3) our instruction, training, or supervision, 4) your slipping and/or falling while in the building, or on the premises, including adjacent sidewalks and parking areas.

I, the participant specified below, acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by O-health. I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training session. I understand that should I feel light-headed, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity.

In consideration of my participation in this program, I hereby release O-health and its principals, agents, employees, trainers, and volunteers from any claims, demands, and causes of action as a result of my voluntary participation and enrolment.

I, the participant specified below, acknowledge that I may be photographed or videotaped during training. I hereby consent to the use of these photographs and/or videos without compensation, on the O-health website, or on any social media platform, promotional or advertising material produced and/or published by O-health.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

I have read, understand and agree to the above gym guidelines and waiver.

Name: _____

Signed: _____ Date: / /

O-GYM QUESTIONNAIRE

1. Main goals or events:

2. Secondary goals or events:

3. Weekly training schedule at the moment: (Monday to Sunday)

4. Past experience in strength training or running:

5. Injuries at the moment and/or any medical issues:

6. Past injuries:

7. Strengths and weaknesses | Physiologically, mentally and/or logistically:

8. Main reason for seeking our help:

9. Weekly work schedule:

10. Any holidays or commitments that could affect your training schedule these next few months?
