

PARQ - WEIGHT LOSS CLUB QUESTIONNAIRE

(Check/Tick or Fill Where Appropriate)

Title: Mr / Miss / Mrs	Forename:	Surname:	
DOB:	Age:	Height:	Weight:
Mobile:	Email Address:		

Please answer the following questions by selecting the corresponding check box above the answer appropriate response or filling in the blank.

1. How would you describe your present level of activity?

Sedentary / Moderately Active / Active / Highly Active

2. How would you describe your present level of fitness?

Unfit / Moderately fit / Trained / Highly trained

3. How would you consider your present body weight?

Underweight / Ideal / Slightly Over / Very Overweight

4. Are you currently a smoker? Yes / No

If answered **Yes**, see below.

How many do you smoke? Per Day

Are you a previous smoker? Yes / No

How long has it been since you stopped? Years

Were you an occasional smoker? Yes / No

Were you a regular smoker? Yes / No

5. Do you drink alcohol? Yes / No

If you answered **Yes**, do you usually have:

An occasional drink / a drink every day / more than one drink a day

6. Have you had to consult your doctor within the last six months? Yes / No

If you answered **Yes**, please give details

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7. **Are you presently taking any form of medication?** Yes / No
 If you answered **Yes**, please give details.

8. **As far as you are aware, do you suffer or have you ever suffered from:**

- | | | | |
|--|----------|------------------------------|----------|
| a Diabetes? | Yes / No | b Asthma? | Yes / No |
| c Epilepsy? | Yes / No | d Bronchitis? | Yes / No |
| e *Any form of heart complaint? | Yes / No | f Raynaud's Disease? | Yes / No |
| g *Marfan's Syndrome? | Yes / No | h *Aneurysm/embolism? | Yes / No |
| i Anaemia | Yes / No | j Renal dysfunction | Yes / No |

9. ***Is there a history of heart disease in your family?** Yes / No

10. ***Do you currently have any form of muscle or joint injury?** Yes / No
 If you answered **Yes**, please give details

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11. **Have you ever used a gym before?** Yes / No
 If the answer is **Yes** please give details.

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12. **Have you had to suspend your normal training in the last two weeks?** Yes / No
 If the answer is **Yes** please give details.

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13. **As far as you are aware, is there anything that might prevent you from successfully completing the activities that have been outlined to you?** Yes / No
 If the answer is **Yes** please give details.

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IF THE ANSWER TO ANY OF THE ABOVE IS YES THEN:

- a) Discuss the nature of the problem with the Consultant**
- b) Questions indicated by an asterisk (*) require your Doctor to fill out a 'Doctors Consent Form'**

I hereby declare that as far as I am aware the information I have given is accurate.

Signature:

Date:

PACKAGE - WEIGHT LOSS CLUB

- **Access to Private WhatsApp Group Content**
- **Monthly Weigh-Ins & Group Meetings**
- **Access to Lync Nutrition Guide & Home Activity Plans**
- **Calorie & Step Targets**
- **24/7 Online Support**
- **Quarterly Body Compositions**

PAYMENT

MONTHLY: £9.95

Please provide us with your bank details in which you would like the payment to be debited from -
(Payments will be taken on the first working day of every month and will appear as 'Clubwise' on your banking statements)

Account Number:

Sort Code:

Address:

Post Code:

YEARLY: £100

To pay for the year please transfer to the account below:

Name: Lync Active Limited

Account Number: 12323888

Sort Code: 60-24-30

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- 1. Please save this form with your changes APPLIED.**
 - 2. Download the form and email it to: enquiries@lyncactive.co.uk**