

# Your PRANA

## *Health Appraisal*



Name:

DOB:

Address:

Phone:

Email:

Emergency Contact:

**Please be advised the following information is completely confidential & your privacy is of the highest priority**

\* Once completed - Please photograph / scan & return to: [info@yourprana.com](mailto:info@yourprana.com)

***Which of the following would you like to achieve?*** (Circle)

Become fitter overall

Look the best version of you

Define muscle tone

Improve self confidence

Build muscle & strength

Increase energy & stamina

Specific sporting goal

Decrease fat & water retention

Stabilize digestive system

Balance hormones & adrenals

Reduce pain & inflammation

Gain flexibility

Introduce breath awareness

Strengthen core & pelvic floor

Resolve skin sensitivities

Understand your purpose

Discover joy, feel alive & happy

Reduce overwhelm

\* Try not to overthink the questions, go with your most honest thoughts & reactions.

***Why is it important for you to make these changes?***

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***What has held you back in the past?***

Procrastination

Budget

Time management

Lack of support

Mindset

Other...

***Is this still a challenge for you?*** (Yes or No, if yes explain why)

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***Are you currently moving regularly?*** (Yes or No - provide detail)

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***What best describes you - how do you find it easier to move through challenges?*** (Circle)

Self motivated

Easier with a partner

Need constant accountability

**Who lives in your household with you?** (Provide detail)

**What do you do for a living?** (Provide detail)

**In your spare time what do you enjoy doing?**

**Do you have recreational activities and hobbies you engage in?** (Provide detail)

**Do you drink 1/3 of your body weight in (water) kg/ day?** Eg: 60 kg -2L, 90 kg - 3L... (Yes or No)

**What percentage of your food is eaten from packets?** 0-20% 20-40% 40-60% >60% (Circle)

**How many teas / coffees (caffeinated drinks) do you consume each day?** \_\_\_\_\_

**How many alcoholic drinks do you have per week?** \_\_\_\_\_

**What time do you go to bed each night?** \_\_\_\_\_

**How many hours of sleep do you achieve each night?** \_\_\_\_\_

**Do you wake during the night?** (Yes or No) **How often?** \_\_\_\_\_ **Time frames?** \_\_\_\_\_

**Do you have regular bowel movements?** (Yes or No) **How often?** \_\_\_\_\_

**Do you have any digestion problems?** Eg: bloating, constipation, diarrhoea, gas... (Yes or No)

**What would you rate your current stress levels out of 10?** \_\_\_\_\_

**Source of stress?** \_\_\_\_\_

**What would you like to achieve in our sessions?**

**What is the most important aspect of your wellbeing you would like to change? WHY?**

**How important is this to you out of 10?** (Circle)

1 2 3 4 5 6 7 8 9 10

**Why is this important to you? What difference will this make to your life?**

**Any medical conditions that may prevent you from moving & increasing your heart rate?** (if yes, provide detail)

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**Any joint problems, aches or pains?** (Yes / No, if yes provide detail)

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**Are you allergic / sensitive to any foods, medications or naturally occurring substances?**

(Yes / No, if yes provide detail)

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**Circle any conditions you have had:**

- \* Heart attack
- \* Heart surgery
- \* Pacemaker
- \* Heart valve disease
- \* Heart failure
- \* Heart transplant
- \* Congenital heart disease

***If you have circled any of the options in this section please add the details below. You may need to seek medical advice before training can proceed.***

**Circle any symptoms you've experienced:**

- \* Chest discomfort with exertion
- \* Dizziness, fainting, blackouts
- \* You take heart medication
- \* Do you have a history of lower back pain
- \* Do you have a chronic cough or sneeze regularly

**Circle any other issues:**

- \* You are pregnant or may be pregnant
- \* Have you recently given birth
- \* Ever injured your pelvic region
- \* You have musculoskeletal problems
- \* You take prescription medications

**Cardiovascular risk factors:** (Circle any that are true)

- \* You are a man older than 45
- \* You are a woman older than 55 or you are postmenopausal or had a hysterectomy
- \* You smoke or gave up in the past 6 months
- \* Your blood pressure is greater than 140/90 mmHg
- \* You take blood medication
- \* Your cholesterol level is > 240mg/ml
- \* You have a close blood relative who has had a heart attack before the age of 55
- \* You are diabetic or take medication to control your blood sugar levels
- \* You have epilepsy
- \* You have asthma

***If you have circled two or more of the options in this section please add the details below. You may need to seek medical advice before coaching can proceed. If you have circled less than two we can move forward to achieving your goals.***

**List any additional info:**

(Medication / Supplements & reasons for taking them)

**WHEN? How many hours per week can you commit? / When can you fit this in?** (Circle)

\* Plan your week here. When will you complete your coaching, clean the house, schedule your cardio, move with friends, group activity, active recovery day etc....

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Time							
Activity							
Length							

**What are some SPECIFIC MEASURABLE goals you would like to achieve?**

\* Challenge yourself & complete all the way to 24 months. Allow these to be focused on your entire being. Your physical, mental & spiritual self. Include home life, physical goals, work scenarios, relationships, travel, mindset hurdles & nutritional aspirations. Need thought provoking inspiration here? Ask for guidance.

**Week 1:** \_\_\_\_\_

**1st Month:** \_\_\_\_\_

**2nd Month:** \_\_\_\_\_

**3rd Month:** \_\_\_\_\_

**6 Months:** \_\_\_\_\_

**12 Months:** \_\_\_\_\_

**24 Months:** \_\_\_\_\_

**Detail a life dream you currently have that you intend ON embracing & creating a reality:** (Provide detail)

\_\_\_\_\_

**I am interested in the following:** (Circle)

Movement Therapy	Holistic Health Coaching	Intuitive Nutrition
<i>Ignite 26 Week Program</i>	<i>Empower 8 Week Course</i>	Wellness Retreats
Epigenetics Testing	Yoga	Workshops
Food Sensitivity Testing	Crystals	Personal Training
Hormone & Adrenal Testing	Essential Oils	Seminars
Blood Testing Analysis	Jewellery	Mindful Meditation

**How are you going to achieve your highest self?**

I will give my utmost, always put my best foot forward, flip negatives to positives & conquer my goals  
(Initial)

**1 - 1 Coaching** *(Movement Therapy, Joint Mobilization, Holistic Health Coaching, Yoga, Nutrition, Personal Training, Essential Oils, Meditation...)*

Twice a week

Once a week - 60 minutes appointments - Starting from 26 week memberships

**Ignite**

26 weeks - The absolute best of all that we offer

**Empower**

8 weeks - Ultimate accountability kickstarter

**Functional Holistic Health Testing**

Epigenetic Testing - Testing + six appointments

Food Sensitivity Testing - Testing + six appointments

Hormone & Adrenal Testing - Testing + six appointments

Complete Blood Testing Analysis - Testing + six appointments

**Intuitive Nutrition**

Hourly Appointments - Coaching starting at six appointments

**Yoga** (Circle)

1 / 2 sessions a week - 60 minutes per class - Starting from 8 week memberships

	1 - 1 Coaching	Ignite	Empower	Testing / Nutrition	Yoga
Specify Time & Days					

\* I agree & understand that I am committed to a period of training for \_\_\_\_\_ weeks / months (Circle & Initial)

**Payment Details**

Acc / CC details \_\_\_\_\_

Card / Acc Name \_\_\_\_\_ Expiry \_\_\_\_\_

## **Terms & Conditions**

Please read the following carefully.

- Schedules, prices, & products are subject to change without notice. Please always check our details online for our most current offers.
- All services must be paid for prior to start of service.
- All sales are final & non-refundable or transferable.
- Introductory packages & non-member pricing options are subject to a limited time. Please be aware of the expiration date for the specified purchase.
- All concessions are valid for 1 year from the date of purchase.
- Gift vouchers are non-refundable & non-returnable. If purchased for a specific pass or event, they cannot be used as cash. (eg New Year's voucher for set amount of classes can not be treated as cash value.)
- To ensure the safety of your body & to avoid class disruption, latecomers are not able to join the class any more than 5 minutes past start time. No refunds or credits will be given.
- If you will be late to a private appointment / group training or a class, please notify as soon as possible. The session will end as scheduled.
- If an event arises that prevents a client from training for a period of time. i.e a holiday or injury, they can arrange to have payments put on hold.
- Your PRANA, will not be responsible for lost or stolen items under any circumstances. Please refrain from bringing valuables with you to training.
- Clients occasionally receive gear to borrow to advance their training. This is to be cared for & returned or a replacement will be charged to them.
- Your PRANA will be closed on all public holidays & for 2-3 weeks around Christmas/New Year period. All class pass expiration dates will be extended over this time, & all clients will be notified of closure dates at least 30 days in advance.
- Clients will participate in fitness testing & measurements with Your PRANA to keep track of their progress. These results may be used in various ways to promote Your PRANA & any use of them will be done so in a thoughtful manner.
- Clients must understand & respect Your PRANA cancellation policy. Individual appointments, classes etc will require 24 hours notice for a cancellation. Clients will be charged the full rate that they would have paid / forfeit appointment credit if a cancellation occurs within this timeframe. Circumstance considered.
- All programs, courses & retreats are to be paid in full for the period of time agreed (Ignite 26 weeks, Empower 8 weeks, 4 day Retreats etc) or a payment plan is to be agreed upon prior to beginning coaching.
- No-shows will have the cancellation policy applied.
- Clients attending classes must book their session 12 hours in advance.
- Clients with outstanding accounts will not be allowed to continue using services at Your PRANA until the account has been fully paid.
- Client accounts that are outstanding for a period longer than a fortnight, will be referred to a debt collection agency & the client will absorb all fees associated with the collection process.
- All payments will be actioned via a direct debiting system for convenience of all parties. Clients understand there are minimal fees associated with this that are passed on to them.
- When a client enters into an agreement there is a 48 hour cooling off period, where the client can terminate the agreement in writing.
- All special functions / workshops / events / packages / courses / retreats are non-refundable or transferable unless for medical reasons with proof. Medical reasons will not be valid for a refund within 4 weeks of all special functions / workshops / retreats.

I understand & agree to the terms & conditions. (Tick)

### ***Photographs and Video Statement***

Your PRANA takes photographs and videos of clients on a regular basis for its business purposes. Your PRANA retains all rights, title and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment.

Your PRANA takes care that any use, display, or dissemination of photographs or videos of clients, for its general business purposes, is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances.

For example, Your PRANA may use photographs and videos to better communicate with clients and to illustrate the activities, to aid further development, encourage potential clients, or to document exercises.

### ***Liability Waiver***

The coach being Your PRANA and the activity means the participation in private / group movement, nutritional education, holistic health coaching, physical conditioning and general health advice.

I acknowledge that it is a condition of participating in this activity and that I do so at my own risk. I accept all risks and hereby indemnify and release the coaches, trainers, their agents, affiliates, employees, members, sponsors, promoters, and any person or body directly and indirectly associated with the coach, against all liability (including liability for their negligence and the negligence of others) claims, demands and proceedings arising out of or connected with my participation in this activity. This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns.

I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including overexertion, dehydration, equipment failure and accidents with equipment and surroundings.

I recognise the difficulties associated with the activity and attest that I am physically fit to participate safely in the activity and that a qualified practitioner has not advised me otherwise.

I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity, my trainer will immediately be informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and always will be under the terms of this agreement.

I certify that I am 18 years of age or older and have read this document and fully understand it.

As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep any person or body directly or indirectly associated with the conduct of this activity on the terms referred to.

**Date:** \_\_\_/\_\_\_/\_\_\_

**Signature:** \_\_\_\_\_ (Guardian or parent to sign if client is under 18 years of age)