

Client/Patient Assessment & Consent Form



This document contains 3 sections. Please complete it in full where applicable and ensure there is a completed copy at the Luminexa Desiderio Administrative office before commencement.

1. MEDICAL ASSESSMENT SECTION

Current Weight (as known to you): _____

Height (as known to you): _____

Date of Birth: _____

Mobile Number: _____

Email Address: _____

ID Number: _____

Next of Kin (in case of emergency): _____

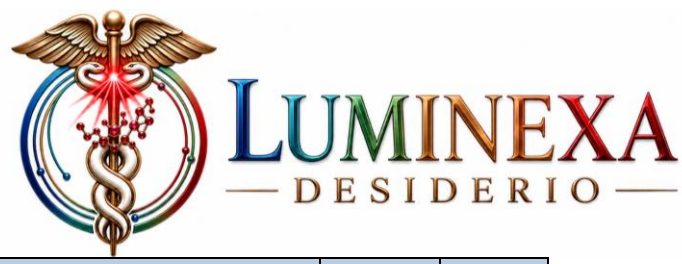
Do you have any of the following conditions or have previously been treated for?		Yes	No
1	Heart/Lung/Organ disease		

If yes to question 1, please list the diagnosed disease and short description as known to you (use back of page if additional space is required)

Disease Name	Any descriptive comments

Continue...		Yes	No
2	Type 1 or type 2 diabetes		
3	Arthritis		
4	Cancer or related oncological conditions		
5	High or low blood pressure		
6	Dizziness, lightheadedness, or fainting with exercise or exertion		
7	Shortness of breath with mild exertion, at rest, or when lying down/going to bed		
8	Ankle swelling, especially at night		
9	A rapid or pronounced heartbeat		
10	A heart murmur (i.e., an unusual swishing or whooshing sound heard between normal heartbeats) that your doctor has previously diagnosed		
11	Leg or lower leg pain when you walk, which goes away with rest		

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Continue...		Yes	No
12	Medication like warfarin/bipolar disorder/neurological management		
13	Recent surgery		

If yes to question 13, please list the procedures and year (use back of page if additional space is required)

Procedure	Year

Continue...		Yes	No
14	Any other condition/injuries or limitations to be considered		

If yes to question 14, please briefly describe (use back of page if additional space is required)

15	Ever been advised not to train for any medical reason		
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If yes to question 15, please elaborate on why (use back of page if additional space is required)

16	Do you use any chronic or regular medication		
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If yes to question 16, please list medication/s, frequency of use, and dosages prescribed (use back of page if additional space is required)

Name of Medication	Frequency (e.g. daily)	Dosages (e.g. 60mg)

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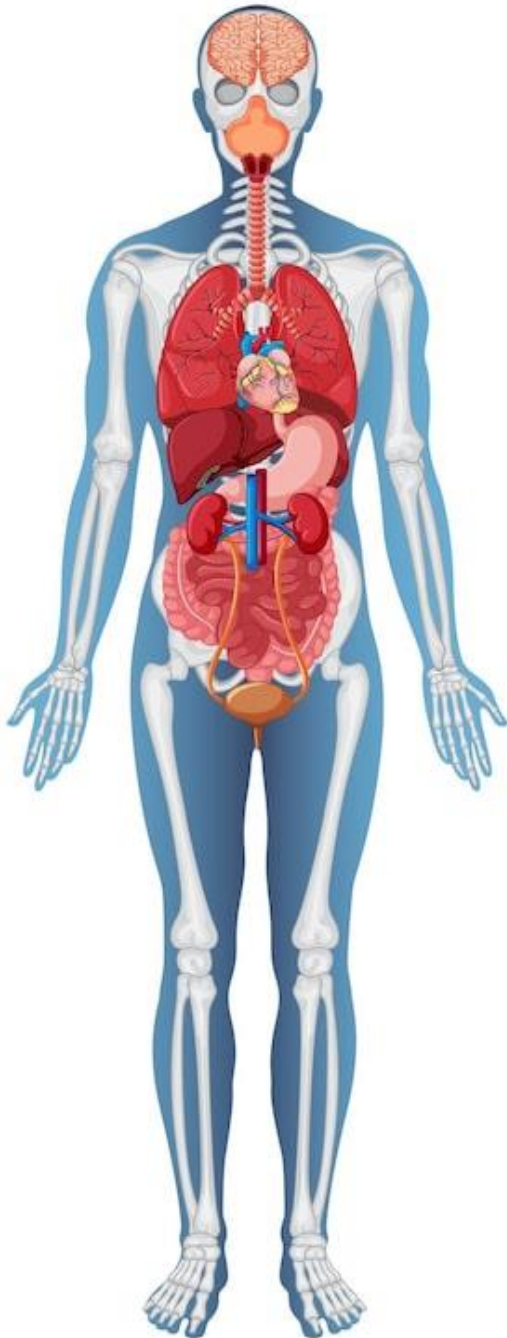


Continue...		Yes	No
17	Do you have any known Bloodwork reports to submit for evaluation (e.g., at Ampath or Lancet)		

If yes to question 18, can my office please follow up with you offline for submission and confidential safety

18	Pain or discomfort in your chest, neck, jaw or arms at rest or during physical activity		
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If yes to question 18, please use the image below and circle the areas you experience discomfort



When in doubt, check it out: If you're unsure of your health status, have multiple health problems or are pregnant, speak with your doctor before starting a programme. Working with your doctor ahead of time can help you plan the programme that's right for you and a good first step on your journey.

Signed by the Client/Patient who completed this form:

Full Name and Surname:

Today's Date:

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2. CLIENT/PATIENT CONSENT SECTION

Practitioner: PJ Weir-Smith
Practice: Luminexa Desiderio
Services: Fitness & High-Performance Training
Peptide Facilitated Recovery
Medical & Sports Rehabilitation
The Visbody M30 Full Body Scanner with AI-powered Aesthetic Analytics
Integrative Photobiomodulation Red Light Therapy
Precision Wave & Biological Technology (3D Body Vibration Plate Fitness)
Neuromuscular Therapy & Tissue (Myofascial) Release

1. Nature of Services

I, the undersigned (the "Client/Patient"), understand that PJ Weir-Smith is an International Personal Trainer and a specialist in Medical and Sport Rehabilitation with over 30 years of experience. I explicitly acknowledge that:

- The Practitioner is not a Medical Doctor (GP), Surgeon, or Licensed Medical Practitioner.
- The Practitioner does not provide medical diagnoses, prescribe scheduled medication, or perform invasive medical procedures.
- The services provided are focused on biomechanics, movement restoration, and physical rehabilitation to the best of the Practitioner's extensive knowledge and experience.

2. Commitment to Care

The Practitioner agrees to apply full capacity of his professional knowledge, skills, care and experience to assist the Client/Patient in achieving their physical goals. However, the Practitioner makes no guarantees regarding specific outcomes, as physical recovery and performance is dependent on various individual biological factors.

3. Waiver and Indemnity

I, the Client/Patient, hereby waive all claims and indemnity, hold harmless and release PJ Weir-Smith at Luminexa Desiderio from all liabilities, including but not limited to:

Legal Action: Any civil lawsuits or claims arising from the sessions or advice provided.

Medical Malpractice Claims: Any allegation/s of medical negligence, noting the non-medical practice nature.

Court Proceedings: Costs or damages associated with any legal disputes.

Physical Injury: Any injury, complication, or aggravation of existing conditions that may occur during or after the process of training services provided.

Financial Loss: Any direct or consequential loss resulting from the services rendered.

4. Client Responsibility

I, the Client/Patient, confirm that I disclosed all known medical conditions, past injuries, and current medications to the Practitioner and understand it remains my responsibility to consult a licensed Medical Doctor for clinical concerns.

Client/Patient

Full Name and Surname: _____

ID Number: _____

Today's Date: _____

Signature: _____

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3. BODY ASSESSMENT DATA SECTION

(for office and file purposes only)

Method 1: Visbody M30 – 3D Scan Status: Completed the Visbody M30 Scan? Yes/No

If yes, select the report view on file, including sent status

Tasks	Report Type Conducted						
	Body Composition Assessment Report	Posture Assessment Report	Circumferences Assessment Report	Shoulder Function Assessment Report			
Assessment Physically Done							
Sent to Client/Patient							
On Visbody Wellness Hub Database							
Sent for interpretation							
Discussed with Client/Patient							

Method 2: Caliper & Measurement Tape

7-Point Body Fat %			
Triceps			
Sub Scapula			
Oblique Post			
Oblique Ant			
Abdominal			
Quadriceps			
Calf			
Total			
Result			

Body Circumference			
Bicep			
Chest			
Middle			
Waist around Belly			
Gluteus			
Quadriceps			
Calf			
Total			
Result			