

Date: ___/___/___

PERSONAL INFORMATION

First Name: _____ Surname: _____ D.O.B: ___/___/___ Age: ____

Occupation: _____

Address: _____ Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email address: _____@_____

Emergency Contact Name: _____ Emergency Contact Number: _____

MEDICAL HISTORY

1. Are you currently suffering from or have you ever suffered from (please tick where appropriate):

<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	High Cholesterol
<input type="checkbox"/>	Pain/tightness in chest	<input type="checkbox"/>	Heart/Stroke condition
<input type="checkbox"/>	Stomach/Duodenal ulcer	<input type="checkbox"/>	Liver/Kidney condition
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Asthma or breathing difficulties	<input type="checkbox"/>	Muscular pain/cramps
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Back pain
<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	Have you recently given birth?

Comments:

2. Do you have a family history of heart disease, stroke or raised cholesterol of relative under the age of 65?

Y / N (If Yes, please provide details):

3. Please list injuries you may have:

4. Have you ever had any major surgery? Y / N (If Yes, please provide details):

5. Do you smoke? **Y / N** (If Yes, how many a day?):

6. Are there any other conditions that may limit your activity program? **Y / N** (If Yes, please provide details):

7. Are you currently taking any medication? **Y / N** (If Yes, please provide details):

EXERCISE

1. Please describe your day to day activity in your current occupation: is the work active? Sedentary? Inactive? etc.

2. Do you engage in any regular exercise? **Y / N** (If Yes, please provide details):

3. Have you ever participated in a gym-based program before? **Y / N** (If Yes, please provide details):

GOALS

1. What are your goals? (tick below):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Fitness

Strength

Lose weight

Increased flexibility

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Sport specific training

Injury management

General wellbeing

Vitality

2. What are your short term goals?

3. What are your long term goals?

4. What do you see stopping you?

5. What do you see helping you?

TERMS AND CONDITIONS

1. Cancellation policy: Cancellations at short notice are understandable but cause difficulty for the trainer and disadvantage other clients looking to make appointments. 24 hours notice is required for any cancellation. If less than 24 hours notice is given, the price of the session will be charged.

I hereby agree to the above terms and conditions:

Name: _____

Signed: _____ Date: ____/____/____