

Personal Details

Name: _____ Gender: male / female
Mobile: _____ Phone Day: _____ Phone Eve: _____
Address: _____
Email: _____
Occupation: _____ Date of Birth: _____
Favourite music: _____ Favourite snack: _____
Emergency contact: _____ Phone: _____

Consultant notes:

Personal and/or Family Illnesses

Have you or your direct family had any of the following (please circle)?

Diabetes	Heart Problems	High / Low Blood Pressure	Stroke	Asthma
Chest pain	Arthritis	Epilepsy	Osteoporosis	High Cholesterol

Smoking

Do you smoke? Yes / No # per day _____
Have you ever smoked? Yes / No # per day _____
If you stopped smoking, how long ago did you stop? _____

Medications

Do you take any pills, tablets, medicine or medication? [] Yes [] No
If yes, please describe _____

Injury Profile

Have you ever injured any of the following areas of your body?

[] Head	[] Neck	[] Back	[] Torso	[] Shoulders
[] Arms	[] Hands / wrists	[] Hips	[] Upper legs	[] Knees
[] Lower legs	[] Ankles / feet			

Is there anything else that may affect you exercising? BP

/

Physical profile

Weight _____ Pant/dress size _____

Goals

Which of the following lifestyle, health and fitness goals are important to you?

I want to...

Get fitter ☐ Get stronger ☐ Build muscle ☐ Lose body fat ☐

I want to feel...

More awake ☐ Healthier ☐ More relaxed ☐ More in control ☐

I want to have...

More time ☐ Less stress ☐ More energy ☐ More fun ☐

Commitment

How important to you is it that you achieve the goals above?

Not very ☐ Somewhat ☐ Very ☐ Extremely ☐

What areas are you willing to work on to achieve these goal(s)?

Exercise ☐ Nutrition ☐ Stress / Mood ☐

Motivation

In your experience which phrase best describes your motivation levels?

- ☐ I am self motivated
- ☐ I find exercise easier to stick to if I have a partner
- ☐ I find exercise easier with regular appointments
- ☐ I usually experience some problems staying motivated
- ☐ I need constant motivation

Support

From the following list who is supportive of you achieving your goals?

					comments
Family	Yes	☐	No	☐	_____
Friends	Yes	☐	No	☐	_____
Work colleagues	Yes	☐	No	☐	_____

What are you expecting from your trainer / exercise consultant?

Consultant notes:

Exercise Preferences:

Consultant notes:

1. If you are currently exercising...

What activities are you doing?

What do you like about them?

Is there anything you don't like about them?

2. If you have previously exercised...

What activities did you do?

What did you like about them?

Was there anything you didn't like about them?

3. For your exercise in the future...

If you have trained with weights before, what exercises did you like?

If you have exercised on the cardio machines before, number these machines (1 – 5) from favourite to least favourite

Cycle	Cross trainer	Treadmill	Stepper	Rower

On average, how long would you like to exercise for?

On average, how hard would you like to exercise (on average from 1 – 10, 10 being extremely hard)?

Next to the days in the table on the next page, write in the time of day you would like to exercise.

Four week Exercise Plan: _____ Beginning: _____ Review Date: _____

Week	1	2	3	4
Targets				

Time	Planned	Done	Planned	Done	Planned	Done	Planned	Done
Mon								
Tue								
Wed								
Thur								
Fri								
Sat/Sun								

Trainer support activities

Trainer intervention strategy

What to do:

How soon:

What to discuss: