 Personal Training Consultation Form

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| 1. **Personal Information** | | | |
| Name |  | | |
| Address |  | | |
| Date of Birth |  | | |
| Tel Nos. | Home : Work: | | |
| Email |  | | |
| Emergency Contact | Name :  Tel No : | | |
|  | | | |
| 1. **Health Questions** | | | |
|  | | Y | N |
| 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? | |  |  |
| 1. Do you feel pain in your chest when you do physical activity? | |  |  |
| 1. In the past month have you had chest pain when you are not doing physical activity? | |  |  |
| 1. Do you lose your balance because of dizziness or do you ever lose consciousness? | |  |  |
| 1. Do you have a bone or joint problem that could be made worse by physical activity? | |  |  |
| 1. Is your doctor currently prescribing drugs for your blood pressure or heart condition | |  |  |
| 1. Do you know of any other reason why you should not do physical activity? | |  |  |
| 1. Have you recently had children or are pregnant? | |  |  |
| 1. Have you had any injuries (broken bones, sprains etc) or other illness not mentioned above ? If Yes, please give details ; | | | |
| **If you have answered YES to one or more of the questions above :**  Please talk to your doctor BEFORE you increase your physical activity or have a fitness assessment & discuss what types of activities you would like to participate in. In some cases a note from your GP will be required before you can start personal training. | | | |
| **If you have answered NO to all the questions above:**  You can be reasonably sure that you can increase your levels of physically activity and complete a fitness assessment to determine your basic fitness level. | | | |

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| 1. **Current Physical Activity Levels**   How often are you doing exercise at the moment? Please tick appropriate statement   1. Once to twice a week 2. Three or more times a week 3. I am not currently exercising 4. I have never done exercise   If you are exercising currently, please let us know what you are doing   1. Walking 2. Jogging / Running 3. Cycling 4. Exercise classes (including online) 5. Yoga / Pilates 6. Resistance training with weights at home or at a gym |

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| 1. **Lifestyle Information** |
| 1. What is your current occupation? …………………………… |
| 1. How do you travel to work? |
| 1. Do you smoke? |
| 1. Do you drink alcohol ? How much per week roughly? |
| 1. Would you say you have a healthy diet? |

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| 1. **Personal Training Goals** |
| What are you looking to achieve through a personal training programme?   1. To improve general fitness 2. Help with weight loss or improve the way I look 3. To improve flexibility 4. To get stronger 5. To support a specific sport or fitness challenge (eg 10k run) – please provide more detail below if you select this option ……………………………………………………………………………………………………………………………. |

Thank you for completing this information. It is important that you inform your fitness instructor & GP if your health situation changes. Please sign on the following page to confirm you have read, understood and completed the questionnaire accurately.

Name………………………………………………………………………………………………………………………………….

Signature………………………………………………………………… Date…………………………………………………