 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 ;

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| **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 statement1. 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 doing1. 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**
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| 1. What is your current occupation? ……………………………
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| 1. How do you travel to work?
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| 1. Do you smoke?
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| 1. Do you drink alcohol ? How much per week roughly?
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| 1. Would you say you have a healthy diet?
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| 1. **Personal Training Goals**
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|  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 …………………………………………………………………………………………………………………………….
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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…………………………………………………