

Name:	Sex:	Age:	DOB:
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Blood Pressure:	RHR:	Weight:	Height:
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**Circumference Measurements (to be done on the 1<sup>st</sup> session)**

	Left	Right
Arms:		
Chest:		
Waist:		
Hips:		
Glutes:		
Thighs:		

**(A.) Goals & Objectives (Physical, Emotional, Medical, Nutritional, Mental & Social)**

What health & fitness goals would you like to achieve in the next 3 months?

- 1.
- 2.
- 3.

What long-term health & fitness goals would you like to achieve over the next 12 months?

- 1.
- 2.
- 3.

Name 3 things you will commit to in order to improve your health:

- 1.
- 2.
- 3.

**(B.) Existing Exercise:**

1.) Please give details of any exercise you have been doing recently:

2.) Would you prefer to workout in the gym/home or outside?

**(C.) Exercise History:**

- Have you ever done any structured exercise in the past?
- How many times a week?
- What was it?
- How long did you stick with it?
- Did you get the results you wanted?
- If you did, why did you stop?
- What activity do you enjoy doing the most/least?

**(D.) Motivation & Commitment:**

1.) How motivated are you to exercise at present?

2.) What would make you feel more motivated to achieve your health & fitness goals?

3.) How many times a week will you realistically be able to workout? And how many of these would you like to be with a personal trainer?

(E.) What would you identify as the main barriers from preventing you from exercising in the future?

eg. No time, Cost, Injury or Lack of Motivation/facilities/ability/fitness

(F.) About Your Lifestyle:

1.) What is your occupation? And are you generally more active or sedentary at work?

2.) Please rate the amount of stress you experience in your work/personal life on a scale of 1-10 (1=no stress and 10=a lot of stress)

3.) How many hours sleep do you get each night?

4.) How many units of alcohol do you drink in an average week?

5.) Do you smoke? If yes, how many per day?

(G.) Nutritional Needs:

1.) On a scale of 1-10 (1 being very low quality, 10 being high quality) how would you assess the quality of your diet?

2.) Do you follow a particular diet? (eg.Vegan/Vegetarian/Allergy Elimination/High Protein)

3.) Do you drink coffee? If so how much?

4.) How much water do you drink each day?

5.) How many meals do you eat each day?

6.) Would you like any advice or support to help you make any changes to the quality of your diet?

I can confirm to the best of my knowledge that the information given is correct

Signature:

Date:

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