Section 1 – Your Personal Details

Name _____

Address _____

_____

_____

_____ **Post Code** _____

Telephone **Home** _____ **Work** _____

Mobile _____

E-mail _____

Occupation _____

Date of Birth _____

Section 2 – Emergency Contact Details

Name _____

Address _____

_____

_____

_____ **Post Code** _____

Telephone **Home** _____ **Work** _____

Mobile _____

Section 3 – Your Doctor's Details

Name _____

Address _____

_____

_____

_____ **Post Code** _____

Telephone _____

Section 4 – About Your Health Goals

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

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

3 Name 3 things you will do in order to improve your health.

_____

_____

_____

_____

_____

_____

Section 5 – About Your Exercise Habits

4 What are your main reasons for starting a fitness programme?

▢ General conditioning	▢ Weight/Fat loss
▢ Stress management	▢ Muscular strength
▢ Aerobic fitness	▢ Flexibility
▢ Enjoyment	▢ Social
▢ Improve self esteem	▢ Disease prevention
▢ Appearance	▢ Other _____

5 How would you describe your fitness condition in terms of your general health and fitness?

_____

_____

_____

6 Have you ever done any structured exercise? ▢ Yes ▢ No

If you answered *No,* please go to question 12.

7 What was it?

_____

_____

8 How many times a week did you exercise? _____ days per week

9 How long did you stick with it?

_____

10 Did you get the results you wanted? ▢ Yes ▢ No

If you answered *No,* please go to question 12.

11 If you did, why did you stop?

_____

12 What activity do you enjoy doing the most and why?

_____

_____

_____

_____

_____

_____

_____

13 What do you like doing the least and why?

_____

_____

_____

_____

_____

_____

_____

14 What would you identify as the main barriers preventing you from exercising in the future?

- ☐ Procrastination
- ☐ No time
- ☐ Injury
- ☐ Financial cost
- ☐ Family responsibilities
- ☐ Lack of motivation
- ☐ Lack of facilities
- ☐ Lack of ability/fitness
- ☐ Lack of relevant knowledge
- ☐ Medical advice

Section 6 – About Your Nutritional Needs

15 **On a scale of 1 – 10 (*1 being very low quality, 10 being very high quality*), how would you assess the quality of your diet? _____**

16 Do you follow any particular diet? ***Please tick all boxes that apply.***

- ▢ Vegetarian and fish
- ▢ Vegetarian
- ▢ Vegan
- ▢ Allergy elimination
- ▢ Other _____

17 Would you like any advice or support to help you make changes to the quality of your diet? ▢ Yes ▢ No

18 If you answered *Yes*, please give details of your 3 key goals.

i) _____

ii) _____

iii) _____

19 Have you had your diet analysed before? ▢ Yes ▢ No

If *Yes*, when?

_____

20 What choices do you normally make (*please circle*)?

Milk - Skimmed Semi-skimmed Full fat

Butter or Margarine

Fry or Grill

Bread type - White Brown Wholegrain Granary Other _____

21 Please list any mineral supplements you take.

_____

_____

Section 7 – About Your Lifestyle

22 How many units of alcohol do you drink in a typical week? ____

1 unit of alcohol equals : - **½ pint of a standard beer/lager**
1 small glass of wine
1 pub measure of a short

23 Do you smoke? ▢ Yes ▢ No

If you answered *No,* please go to section 8.

24 Indicate the number smoked per day.

▢ 1 - 9 ▢ 10 - 19 ▢ 20 - 39 ▢ 40+

25 Do you want to stop smoking? ▢ Yes ▢ No

Section 8 – About Your Structural Health

26 Do you have any of the following conditions? ***Please tick all boxes that apply.***

- ☐ Osteoarthritis
- ☐ Rheumatoid Arthritis
- ☐ Knee/Thigh injury
- ☐ Back pain/injury
- ☐ Wrist/Hand injury
- ☐ Ankle/Foot injury
- ☐ Swollen joints
- ☐ Shoulder injury
- ☐ Head/Neck injury
- ☐ Arm/Elbow injury
- ☐ Hip/Pelvis injury
- ☐ Nerve damage
- ☐ Bone fracture

27 If you answered *Yes*, please give details.

_____

_____

28 Are these or any other injuries aggravated by exercise? ☐ Yes ☐ No

If you answered No, please go to question 30.

29 If you answered *Yes*, please give details.

_____

_____

Section 9 – About Your Medical History

30 Is there a family history of any of the following medical conditions?

- ☐ Heart problems
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Early menopause
- ☐ Cancer
- ☐ Other medical conditions

If *Other,* please give details.

_____

_____

31 Have you had major surgery in the last 10 years? ☐ Yes ☐ No

If *Yes,* please give details.

_____

_____

32 Have you had minor surgery in the last 2 years? ☐ Yes ☐ No

If *Yes,* please give details.

_____

_____

33 Please tick any of the following for which you have been diagnosed or treated by a Doctor or health professional.

- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart problem
- ☐ High blood pressure
- ☐ Chest pains
- ☐ Other

If *Other,* please give details.

_____

_____

34 Tick all Medicine taken in the last 6 months.

- ▢ Blood thinner
- ▢ Diabetic medication
- ▢ Epilepsy medication
- ▢ Diuretics
- ▢ Beta Blockers
- ▢ Other medication which might affect exercise

If *Other,* please give details.

_____

_____

35 Tick the box if you ever experience any of the following symptoms.

- ▢ unusually short of breath with very light exertion?
- ▢ pain, pressure heaviness or tightness in the chest area?
- ▢ regularly have unexplained pain in the abdomen, shoulder or arm?
- ▢ have severe dizzy spells or episodes of fainting?
- ▢ regularly get lower leg pain during walking that is relieved by rest?

36 Please list any health problems you suffer from, not already mentioned.

_____

_____

_____

_____

_____

37 Are you currently pregnant or have you given birth in the last 12 months?

- ▢ Yes
- ▢ No

Personal Best Fitness Training agreement

Personal Best's promise to you:

To be professional at all times

- To only used qualified and registered trainers specially selected for 'Personal Best Fitness'
- To tailor our services specifically to you and your health and fitness needs
- To offer a discreet and confidential health review in your initial consultation
- To offer a range of training programmes to improve areas of fitness relevant to your goals
- To offer the highest quality training programmes to ensure you achieve your 'personal best'
- To review your progress periodically (as agreed in your initial consultations. Review periods will vary according to individual needs)
- To listen to any concerns that you may have about your health and fitness
- Personal Best Fitness trainers are mobile to make exercising easier for you; we will always endeavour to be on time, however, if we are more than 15mins late, we will offer you a free session at a mutually agreeable time. If a trainer has to cancel within 24hours of your scheduled session, we will offer you a free session at a mutually agreeable time.

Your promise to your Personal Best Fitness training programme and Personal Best Fitness Trainer

- That you will be totally committed to your Personal Best Fitness training programme
- That you will undertake any activities agreed with your trainer between personal training sessions
- That you will discuss any concerns regarding your training plan and/or progress with your Personal Best Fitness personal trainer without delay
- That you will be available for all scheduled personal training sessions
- That you will abide by our cancellation policy, giving at least 24hours notice of any cancellation or requirement to reschedule. Failure to do so will result in session deducted at full rate unless a doctor's medical certificate is provided
- That all sessions purchased are used by the expiry date provided at the time of purchase; failure to do so will result in unused sessions being forfeited (unless a doctor's medical certificate is provided. Upon provision of a doctor's medical certificate an extension of the expiry date will be given. Please note that this is at the discretion of your Personal Best Fitness trainer)

Declaration:-

I confirm that to the best of my knowledge the information given within this document is correct. I have read and I fully understand that it will be treated with strictest confidence by PERSONAL BEST FITNESS (and by those acting for and on behalf of PERSONAL BEST FITNESS) for services that I may wish to engage in now and in the future.

Client Signature: _____

Date: _____

Trainer Signature: _____

Date: _____