

About you

Name: _____

Address: _____

Postcode: _____

Phone Number: _____

Email Address: _____

Date of birth: _____

How did you hear about my services?

Would you like me to keep you informed of classes I run? _____

Emergency Contact

Name: _____

Address: _____

Postcode: _____

Phone Number: _____

Relationship: _____

About your exercise

Have you tried personal training before? Give details _____

What is the single most important thing you are trying to get out of your training? _____

Screening & informed consent

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes: No:

Do you feel pain in your chest when you do physical activity?

Yes: No:

In the past month, have you had chest pain when you were not doing physical activity?

Yes: No:

Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes: No:

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes: No:

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes: No:

Do you know of any other reason why you should not do physical activity?

Yes: No:

If Yes, Describe it : _____

If You Answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the screening and which questions you answered YES to.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all screening questions, you can be reasonably sure that you can begin exercising safely.

Terms of Service...

What I **WILL** do:

- ✓ Always endeavour to arrive at your appointment on time, professionally dressed, with all of the appropriate equipment and documents relating to the your programme, and suitably prepared to conduct the session.
- ✓ Always conduct the sessions in a professional manner, with regard to your safety and any special considerations you may have.
- ✓ Always focus on your goals and aspirations and avoid letting personal issues influence a session.
- ✓ If for any emergency reason the session needs to be postponed, I will always inform you as soon as physically possible prior to the session start time. Postponing a session will always be the absolute last resort.

What I **WILL NOT DO**:

- ✓ Give advice or guidance in an area which is not in my expertise.
- ✓ Come into contact with a client inappropriately when collecting measurements, demonstrating exercise movements or conducting ANY part of the session.
- ✓ Using the information supplied by you during the consultation, prescribe any unsuitable exercises which will adversely affect your health or wellbeing.

Cancellation – you to me

- ✓ If a session needs to be cancelled or postponed, at least 48 hours notice should be given. Any sessions cancelled/postponed less than 48 hours prior will be considered on merit and any refunds of session costs will be at the discretion of the trainer.
- ✓ Any session where a client does not attend, without prior notice and without reasonable attempt to notify, will be charged in full.

Important Notes

Inspire Lifestyle & Fitness personal trainers will always endeavour to give the best advice for the client in question and with due consideration to the client's own circumstances and limitations. If a client however withholds key information or does not give 100% accurate information, Inspire Lifestyle & Fitness will not be held to account for any injury which directly results, or the success or otherwise of any programme of exercise which has been prescribed. Clients with new or longstanding illnesses, injuries or strains, eating disorders of ANY kind, allergies, or any other condition which will affect the success or otherwise of an exercise programme, should declare this during the consultation.

Signed _____ **Dated** _____

Your nutrition

1. Do you have breakfast in the morning?

Yes No Sometimes Just tea/coffee

2. If you don't have breakfast, why?

Not hungry Not used to it Not enough time

3. If you do have breakfast, what do you usually have?

Milks/Yoghurts/Cereals/Breads
 Ham/cheese/eggs/Carbohydrates
 Fruit/Fruit juice

4. Do you have a snack in the morning?

Yes No Sometimes

5. What do you usually have for your snacks?

Fruit or Fruit Juice Cakes or biscuits Sandwiches
 Yoghurts

6. Where do you usually have lunch?

At home In a canteen In a restaurant or fast food bar

7. Do you prepare your own lunch

Yes No

8. How often do you do your food shopping?

Every day Twice a week Weekly
 Fortnightly

9. What time do you usually have your evening meal?

6-7pm 7-8pm After 8pm

10. Do you get up during the night to eat something?

Yes No Sometimes

11. Whats your #1 treat you like the most?

12. Which of the following is most important for you?

Breakfast Lunch Dinner

13. Do you drink alcoholic drinks?

Every day Several times a week Rarely
 Never

14. During the day what do you drink most?

Water Tea/Coffee Fruit Juice Carbonated Drinks

15. Do you eat meat?

Every day Several times a week Rarely
 Never

16. Do you eat fish?

Every day Several times a week Rarely
 Never

17. Do you eat chocolate?

Every day Several times a week Rarely
 Never

18. Do you drink energy drinks like Lucozade?

Every day Several times a week Rarely
 Never

19. How often do you eat fast foods, burgers, pizzas, kebabs or fried foods?

Every day Several times a week Rarely
 Never

20. How often do you eat out?

Every day Several times a week Rarely
 Never

21. Do you eat vegetable and fruit?

Every day Several times a week Rarely
 Never

22. Do you eat bread/pasta/potatoes?

Every day Several times a week Rarely
 Never

23. Do you eat legumes?

Every day Several times a week Rarely
 Never

24. How often do you eat heavily processed/packed foods such as microwave meals or reconstituted foods (such as pot noodles)?

Every day Several times a week Rarely
 Never

25. Do you think your nutritional intake is good/correct?

Yes No Not sure

26. What do you think of your weight?

Overweight Underweight Normal

27. Have you ever been on a diet?

Once Never

28. Are you on a diet at present? If so which?

Yes No

Details:

29. If you have been on a diet, or are on one now, where did you get it from?

Doctor Magazine A Friend Yourself

30. What do you think you should change about your nutrition?

Change what I eat Eat less Eat more Nothing

31. How often in the last year have you tried a new diet?

Never Once Several times

Food Diary (try to complete 3 days consumption)

	Day One	Day Two	Day Three
Breakfast			
Lunch			
Dinner			
Drinks & Snacks			

About your lifestyle...

What time does your normal day start? What time do you wake? _____

What is your occupation? _____

Describe your normal working day _____

How many hours on average do you spend sitting in a chair at work? _____

How many hours on average do you normally spend sitting in front of a PC at work/at home? _____

How far is work from home and how do you get to work? Is it possible to walk, jog or cycle to work? _____

Would you describe your work as stressful? _____

Do you have children? If so how many, what ages and how long do you spend with them each day? _____

What time does your normal day end? What time do you go to bed? _____

About your body...

Have you ever experienced any back pain of any kind? If so describe it and when it happened? Do you think it will be a problem once more? _____

Have you ever had any sporting injuries, broken bones of any kind or reoccurring problems with bones or muscles? _____

Has a doctor ever said you should refrain from any kind of physical activity or sport due to a condition or problem you have? If so, the details... _____

Are you ever dizzy during or after exercise? Ever have palpitations or problems breathing? _____

How fit would you describe yourself? Below average, average, above average, elite? _____

Do you have any conditions such as arthritis, swollen joints? _____

Do you have any injuries or conditions aggravated by exercise? _____

Are you receiving any therapy, physio treatment, chiropractor treatment? _____

Is there any family history of medical conditions such as heart disease, cancer, epilepsy, diabetes, early menopause or anything else? _____

Have you had major surgery in the last 10 years? _____

Have you had minor surgery in the last 2 years? _____

Have you ever been treated for asthma or high blood pressure or any other condition which might affect your ability to exercise safely? _____

Do you take any medication at present? What? _____

Are you currently pregnant or have you given birth within the last 12 months? _____

About your exercise history...

Are you a member of a gym or leisure club at present? Which one and how often do you attend? _____

Have you ever been a member? Why did you stop going? _____

Did you attend any classes/Have you ever attended a class? Which ones and which did you like/dislike? _____

What sort of things do you enjoy or think you would enjoy in terms of fitness?

Weight training Freeweights Running Cycling
Rebounder

Step Stability Ball Resistance bands Boxercise

Walking Balance board Matwork (abs/back) Pilates

During the last 12 months have you taken part in any activity or exercise sessions for at least three times per week, where you were slightly out of breath and sweaty which you continued for at least one month?

Please tick the appropriate box Yes No

If Yes, please give details of the activity or exercise: _____

If you have done activities or exercise in the past, what were your reasons for stopping?

Work Lost Interest Not enough time
Relationships Moved House Childcare Travel
Costs Injury/Health
Other:

In the last month:

How many times per week have you participated in activity/exercise? _____

How easy/moderate/hard were the activity/exercise sessions? _____

How long did each activity/exercise session last? _____

What type of activity/exercise were they? _____

How did you feel on completion of the activity/exercise session? _____

Goals

Name 3 health goals you would like to achieve in the next 3 months? _____

What long term goals would you like to achieve in the next 12 months? _____

Name 3 things you will do to improve your health? _____

Preferences:

How many times per week are available for activity/exercise? _____
_____ Days

How much time have you available per day/session? _____
_____ Mins

Where would you like to exercise?

Indoors Outdoors Beach Park
At the gym Garden

Do you prefer to: Exercise Alone With others

How many sessions per week would you be looking to have with me? _____

How many times/sessions per week could you exercise alone? _____

Which activities/exercises do you like? Rate your top 3 by rank _____

Which activities/exercises do you dislike? Rate your bottom 3 by rank _____

Do you know of any other reasons or barriers to your commitment to a programme of exercise or anything which might hinder your progress?
Yes No

If yes please give details: _____

How would you rate your present perceived level of commitment?

Low Low-Moderate Moderate High
1 2 3 4 5