FitWork

Your Heart Will Love It

Date:_____

Trainer:_____

Name: _____DOB:_____AGE:_____GENDER: M F

Address:_____Post Code:_____

Home Ph:_____Work Ph:_____Fax:_____

Mobile:_____

Work Email:_____Personal Email:_____

Occupation:_____Employer:_____

Partner's Name:_____

In case of Emergency please notify:_____Relationship:_____Ph:_____

Children's Name(s)/Age(s)_____

Doctors Name(s): - G.P_____Ph:_____

- Physiotherapist_____Ph:_____
- Chiropractor:_____Ph:_____
- Osteopath_____Ph:_____
- Other Health/Medical Provider_____Ph:_____

PHYSICAL HEALTH

DO YOU NOW, OR HAVE YOU HAD IN THE PAST: (Please tick for YES)

¶ History of heart problems, chest pain, or stroke

¶ Increased Blood pressure

¶ Any chronic illness or condition

¶ Difficulty with physical exercise

¶ Advice from a doctor not to exercise

¶ Surgery in the last 12 months

¶ Pregnancy (now, or within the last three months)

¶ History of breathing or lung problems

¶ Muscle, joint or back pain, or any previous injury still affecting you

¶ Diabetes or thyroid condition

¶ Cigarette smoking habit

¶ High Cholesterol

¶ History of Heart problems in immediate family

¶ Hernia or any condition that may be affected by lifting weights

Please provide relevant details overleaf.

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LIFESTYLE

1. How many hours do you regularly sleep at night?_____

2. On a scale of 1-10, how would you rate your stress level (1 = very low 10 = very high)?_____

3. List your three greatest sources of stress: 1._____

2._____

3._____

4. On a scale of 1-10, how would you rate your nutrition (1 = very low, 10 = very high)? _____

Do you regularly consume water through the day?_____

5. List three areas of your nutrition you would like to improve: 1._____

2._____

3._____

6. How many times per week do you eat out? _____

7. Do you do your own grocery shopping? _____

8. Besides hunger, what other reason(s) cause you to eat?

- ¶ Boredom
- ¶ Social
- ¶ Stress
- ¶ Tiredness
- ¶ Unhappy
- ¶ Nervous

9. How do you rate health and wellness in your life? (please circle one)

LOW PRIORITY | MEDIUM PRIORITY | HIGH PRIORITY

10. Do you feel your energy drop throughout a typical day?_____

11. In terms of activity levels, how would you describe your work?

Sedentary | Active | Physically Demanding

Please provide details:_____

12. Does your job involve regular travel? Never Weekly Monthly Quarterly

13. Do you take medications either prescription or non-prescription, on a regular basis? YES NO

What is the medication for?_____

How does this medication affect your ability to exercise? _____

14. Are you taking any dietary supplements?_____

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EXERCISE HISTORY

1. How would you describe your current condition? _____

2. How often do you take part in physical activities? (please circle)

5-7 x p/week 3-4 x p/week 1-2 x p/week not in the past 6 months

3. What activities are you presently involved in? _____

4. If your participation is lower than you would like it to be, what are the reasons?

Lack of interest Lack of time Illness/Injury Other _____

5. What don't you like about your current exercise routine? _____

6. Describe the results you want to achieve? _____
_____
_____

7. On a scale of 1-10, how important are these goals? _____

8. Do you train on your own? Yes No

9. Do you train for health, enjoyment or appearance? _____

EXERCISE PROGRAM

1. Please circle how you prefer to exercise:

a) INSIDE OUTSIDE COMBINATION

b) WITH A PARTNER ALONE

c) MORNING AFTERNOON EVENING

2. What types of exercise most interest you? (please circle)

Yoga Weight Training Boxing Running Pilates Swimming Cycling Walking

3. Please list any comments or suggestions regarding the development of your exercise program:
_____
_____

4. Assign how much time you can devote to being active each day:

DAY	M	T	W	T	F	S	S
TIME							

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EXERCISE PROGRAM (Continued)

5. Will you train on your own outside your sessions? Yes Sometimes Never

6. Will you follow an assigned program? Yes No

7. Do you like to be pushed hard? Yes No

8. What is the major motivation for you to exercise? _____
_____

9. Are your fitness goals influenced by others? _____
_____

10. How many times per week would you like to exercise at Beyond with a Trainer? _____

11. What day's suit you best to do your training sessions?

M T W T F S S

Thank you. We will use this information to design a specific program for you to achieve your goals.