

Initial Consultation / Goal Setting Assessment

Please fill in the information requested, circle or place a tick where relevant. We thank you for your time and effort in completing this questionnaire.

Personal Information:

Consultation Date: ____ / ____ / ____ Name: _____

D.O.B: ____ / ____ / ____ Postal Address: _____

Post Code _____

Contact Numbers: 1) _____ Email: _____

2) _____

3) _____

Height: _____ cm

Weight: _____ kg

Sex (Circle one): Male Female

Aims & Objectives:

Please be as specific as possible _____

Reason/s for chosen objectives:

Exercise Preferences:

Likes:

Dislikes:

_____	_____
_____	_____
_____	_____
_____	_____

Injuries / Restrictions:

Injury includes wear and tear, arthritis, osteoporosis etc

Have you suffered any injuries that currently cause strain or discomfort during any form of movement? Y / N

If YES, describe _____

Have you previously suffered strain or discomfort caused by injury? Y / N

If YES, describe _____

Do you suffer from any physical or mental restrictions to exercise? Y / N

If YES, describe _____

Are you currently taking any form of medication, recreational drug (including smoking) and/or supplementation? Y / N

If YES, describe _____

Do you regularly suffer from any of the following? (Please circle)

Stress Anxiety Muscular Tension Sleeplessness

Panic Attacks Low self-esteem Social discomfort

Please give more detail on any of the above circled: _____

Training / Consultation Preferences:

State your ideal consultation location in order of preference: I.e. Town/Area

- 1) _____
- 2) _____
- 3) _____

List these locations in order of preference with regard to your exercise training:

- Park 1) _____
- Gym 2) _____
- Home 3) _____
- Office 4) _____

State your preference to consultation times/days below:

i.e. Monday between 12-2pm

Idealistically how many days a week could you dedicate to a Personal Trainer?

- Please tick:
- 1
 - 2
 - 3
 - 4
 - 5

Further information:

Are you interested in help and advice concerning your nutrition? Y / N

Are you (or your business) interested in Health, Fitness & Wellbeing related seminars? Y / N

Do you know anyone that would benefit from one of our services? Y / N

If YES please provide their contact details below.

Name _____ No. _____

Email _____

