

CLIENT CONTACT DETAILS

SURNAME		FIRST NAME	
D.O.B.	SEX	M / F	MOBILE #
ADDRESS		SUBURB	
ALT PHONE #		EMAIL	
NEXT OF KIN		CONTACT #	

GOAL SETTING

What are your specific health and fitness goals?

What timeframes or important dates need to be considered?

Describe your current activity, diet and motivation program?

Describe any specific muscle and joint injuries that affect your ability to exercise *(It is recommended that you see a physiotherapist to treat any problems prior to commencing our program)*

Do you have high blood pressure?	Y / N	Do you suffer from high cholesterol?	Y / N
Do you have a pacemaker?	Y / N	Do you suffer from kidney problems?	Y / N
Are you pregnant?	Y / N	Do you have asthma or breathing problems?	Y / N
Do you get lighted headed or faint?	Y / N	Do you smoke?	Y / N

MEDICAL HISTORY

Describe any specific medical conditions that may affect your ability to safely exercise *(It is recommended that you seek a medical clearance prior to commencing any exercise program)*

CLIENT ACKNOWLEDGEMENT

I have volunteered to participate in a program of physical exercise under the direction of my personal trainer. I recognise that an examination by a physician, or other relevant health specialist should be obtained prior to commencing my exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with my personal trainer, I hereby agree that I am doing so at my own risk. Please read the following exercise advice carefully.

Ask your personal trainer to guide you into the most suitable exercises if you are having difficulty performing the prescribed exercise.

It is recommended that all males over 35 and females over 45 should have a medical assessment including an E.C.G and Cholesterol/Lipid count.

I understand and accept my personal trainer's 24 hr/ Cancellation & No Show policy

CLIENT SIGNATURE _____ DATE _____

TRAINER SIGNATURE _____ DATE _____