



Exercise Pre-screen Form

Consultant notes:

Personal Details

Name: _____ Gender: male [] female []

Mobile: _____ Phone day: _____

Address: _____

_____ Email: _____

Occupation: _____ Date of birth: _____

Favourite music: _____ Favourite snack: _____

Emergency contact: _____ Phone: _____

Personal and/or family Medical History/State

Have you, or your direct family, had any of the following?

Diabetes [] Heart problems [] Stroke [] Asthma []

Chest pain [] Arthritis [] Epilepsy [] Osteoporosis []

High cholesterol [] High/ Low Blood Pressure [] Other.....[]

Please list any other medical conditions not indicated:

Smoking

Do you smoke? Yes [] No [] no. per day _____

Have you ever smoked? Yes [] No [] no. per day _____

If you stopped smoking, how long ago did you stop? _____

Medications

Do you take any pills, tablets, medicine or medication? Yes [] No []

If yes, please describe _____

Injury profile

Have you ever injured or do you have any weakness in the following areas?

Head [] Neck [] Back [] Torso []

Shoulders [] Arms [] Hands/ wrists [] Hips []

Upper legs [] Knees [] Lower legs [] Ankles/ feet []

If so, please describe: _____

Please tick the box to confirm you *will* keep me updated if any conditions or injuries change



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Other medical

Is there anything else that may affect you exercising? Yes [] No []

If 'Yes', please describe: _____

Changes

What would you like to see changed?

Why do you want these changes?

What will you find hard to add or give up/cut down on to achieve these changes?

How much time do you have? (E.g. wedding/event/medical appointment)

Commitment

How will you feel when you achieve this goal?

How will you feel if you don't?

What are you expecting from your trainer/exercise consultant?

How would you rate your current fitness? (Tick box on left)

- Beginner (haven't exercised for a long while)
- Intermediate (I sometimes exercise, exercise a little)
- Advanced (I exercise on a regular basis)

→ Are you happy for pictures, you may be in taken during sessions to be displayed on Facebook? Y / N [Circle one]

→ Tick this box if you **WOULD NOT** like to receive our newsletter

Disclaimer

I am a fully qualified personal trainer and participate in industry training, to ensure my skills are kept up to date with industry and world trends/safety. However it is important that you realise that you use any equipment and services at your own risk. 'Fit 4 Life' will not be liable for any personal injury or death of any client using its services. Clients will be asked to complete a Health Questionnaire, prior to beginning an exercise programme and may need to obtain medical clearance from their doctor before participating.

Client's name: _____ Signature: _____ Date: _____

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