



Personal Details

Trainer notes:

Name: _____ Gender: male / female
Mobile: _____ Phone Day: _____ Phone Eve: _____
Address: _____
Email: _____
Occupation: _____ Date of Birth: _____
Favourite music: _____ Favourite snack: _____
Emergency contact: _____ Phone: _____

Personal and/or Family Illnesses

Have you or your direct family had any of the following (please circle)?

| | | | | |
|------------|----------------|---------------------------|--------------|------------------|
| Diabetes | Heart Problems | High / Low Blood Pressure | Stroke | Asthma |
| Chest pain | Arthritis | Epilepsy | Osteoporosis | High Cholesterol |

Smoking

Do you smoke? Yes / No # per day _____
Have you ever smoked? Yes / 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 any of the following areas of your body?

[] Head [] Neck [] Back [] Torso [] Shoulders
[] Arms [] Hands / [] Hips [] Upper legs [] Knees
[] Lower legs [] Ankles / feet

Is there anything else that may affect you exercising?

BP

/

Physical profile

Weight _____ Pant/dress size _____

Goals

Which of the following lifestyle, health and fitness goals are important to you?

I want to...

- Get fitter Get stronger Build muscle Lose body fat

I want to feel...

- More awake Healthier More relaxed More in control

I want to have...

- More time Less stress More energy More fun

Commitment

How important to you is it that you achieve the goals above?

- Not very Somewhat Very Extremely

What areas are you willing to work on to achieve these goal(s)?

- Exercise Nutrition Stress / Mood

Motivation

In your experience which phrase best describes your motivation levels?

- I am self motivated
 I find exercise easier to stick to if I have a partner
 I find exercise easier with regular appointments
 I usually experience some problems staying motivated
 I need constant motivation

Support

From the following list who is supportive of you achieving your goals?

- | | | | comments |
|-----------------|------------------------------|-----------------------------|----------|
| Family | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Friends | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Work colleagues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

What are you expecting from your Personal Trainer?

Trainer notes:

Exercise Preferences:

Trainer notes:

1. If you are currently exercising...

What activities are you doing?

What do you like about them?

Is there anything you don't like about them?

3. If you have previously exercised...

What activities did you do?

What did you like about them?

Was there anything you didn't like about them?

5. For your exercise in the future...

If you have trained with weights before, what exercises did you like?

If you have exercised on the cardio machines before, number these machines (1 – 5) from favourite to least favourite

| | | | | |
|-------|---------------|-----------|---------|-------|
| | | | | |
| Cycle | Cross trainer | Treadmill | Stepper | Rower |

On average, how long would you like to exercise for?

On average, how hard would you like to exercise (on average from 1 – 10, 10 being extremely hard)?

Next to the days in the table on the next page, write in the time of day you would like to exercise.

Four week Exercise Plan: _____ **Beginning:** _____ **Review Date:** _____

| | | | | |
|---------|---|---|---|---|
| Week | 1 | 2 | 3 | 4 |
| Targets | | | | |

| Time | Planned | Done | Planned | Done | Planned | Done | Planned | Done |
|---------|---------|------|---------|------|---------|------|---------|------|
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | | | |
| Thur | | | | | | | | |
| Fri | | | | | | | | |
| Sat/Sun | | | | | | | | |

| | |
|-----------------------------------|--------------------------------------|
| <i>Trainer support activities</i> | <i>Trainer intervention strategy</i> |
| | What to do: |
| | How soon: |
| | What to discuss: |
| | |
| | |