

Client Information

This is your comprehensive client information sheet, in which we will ask you to provide some relevant personal information. The answers to these questions are essential in order to allow us to design an optimized individual fitness program for you. Please answer all questions in the most accurate manner possible while being as concise as possible.



DISCLAIMER

Please recognize the fact that it is your responsibility to work directly with your physician before, during, and after seeking fitness consultation. As such, any information provided is not to be followed without the prior approval of your physician. If you choose to use this information without the prior consent of your physician, you are agreeing to accept full responsibility for your decision.

Name:		Date:	
Gender:		Date of Birth:	
Height:		Weight:	
Body Fat Percentage: (have this taken before completing form)			
BODY COMPOSITION			
Please provide the following girth measurements in cm:			
Neck:	Chest:	Shoulder:	Biceps:
Waist:	Hips:	Thigh:	Calf:
GOALS			
Rank the following goals in order of importance: (1 being most important, 8 being least important)			
Improved Health	Improved Endurance	Increased Strength	Sport-specific*
Increased Muscle Mass	Fat Loss	Increased Power	Weight Gain
*Please specify sport:			
Do you have a specific timeline for achieving a specific goal?			

Which type of progress is more important to you? (tick one)							
Immediate progress that's less easily maintained				Maintainable progress that may not be as rapid			
Please explain your answer:							
EXERCISE INFO							
Are you exercising regularly (at least 3 times a week) YES NO							
If you answered YES continue to the following section.							
If you answered NO skip ahead to the section titled "Not Currently Exercising"							
CURRENTLY EXERCISING							
How long have you been currently exercising without a break (e.g. injury/holiday)?							
Below, please indicated which type of exercise you do on which days. RT=Resistance Training INT=Interval Cardio Bouts LIC= Low Intensity Cardio Bouts SSW=Sport Specific Work							
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
TYPE							
Below, fill out the approximate workout duration for each day:							
Please submit your current exercise regime with this form (on a separate sheet).							
NOT CURRENTLY EXERCISING							
Complete this section if you are not exercising regularly (more than 3 times a week)							
If you are not currently exercising, have you previously exercised more than 3 times a week in the past? YES NO							
If you have exercised regularly previously, when was this and how long did it last?							
MEDICAL AND HEALTH INFORMATION							
Please list any diagnosed health conditions:							
Please list any medication you are taking:							

Please list any previous injuries:

Please list any additional therapies or treatments being undertaken for past or previous injuries or health issues:

LIFESTYLE INFORMATION

If you are employed, what do you do for a living?

What is the physical activity of your job? Tick one

None (seated work)	Moderate	High
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Does your job involve shift work? YES NO

Do you work DAYS NIGHTS ? (circle one) YES NO

Are you a primary care giver for a child, individuals with a disability, elderly relative? YES NO

Please list the physical activities you partake in outside of work or the gym?

What is your weekly grocery budget? \$

How often do you shop for groceries each week?

How often per week do you eat takeaway/at a restaurant?

Please list any known food allergies:

Are there any foods you are particularly sensitive to (e.g. bloating, indigestion, congestion)?

Please list any nutritional supplements (and quantities) you are taking?

Please attached a 3 day dietary record. Be sure that this record is representative of the last 3 months' intake. In other words, if you decided to change your diet in the last 2 weeks, please indicate on the attached record how you would have been eating in the past.

How long have you been eating in the manner recorded on your dietary record?

MISCELLANEOUS INFORMATION

Is there any other information you think might be relevant to your program design?

Please share your most frequent health, nutrition or physique complaints and/or dissatisfaction with us:

Thank you, you have now completed your client information sheet, please bring it with your workout schedule (if applicable) and your completed 3 day dietary record to your first appointment.