



CLIENT CONSULTATION FORM

Name

D.O.B.

Address

Mobile

Email

Occupation

Preferred training days/times:

Fitness goal:

health

strength shape

sport

Physical activity and nutrition

1. How often do you exercise?

- 3-4 times per week

1-2 times per week

1-2 times per month

not at all

2. What kind of exercise do you enjoy?

3. Have you had any bad experience with exercise?

4. Do you drink coffee? If yes how many per day?

5. Do you smoke? If yes how many per day?

6. Do you eat breakfast? if yes what do you eat and what time?

7. How often do you eat?

8. What does your usual meal look like. What do you eat throughout the day and what times.

9. Do you have trouble sleeping?

10. Do your friends and family support you in your fitness goals?

11. Do you have any special event to attend in near future?



12. Why do you exercise?

13. What areas of your body you would like to focus on?

Terms & Conditions

The Client is required to arrive 5 minutes prior to a training session so that a full session can be achieved

CANCELLATION POLICY: 24 hours notice is required when cancelling booked personal training sessions. Failure to provide this sufficient notice may result in the session being forfeited.

FEE CHARGING POLICY: Payment for single sessions will be paid for at the end of the session. Payment for block bookings will be paid for in advance. All purchased sessions must be completed within 12 weeks of purchase or they will be forfeited.

REFUND POLICY: If the Client is unable to continue their block of sessions for medical reasons, a refund may be available for unused sessions. The Client must submit a letter from their doctor clearly stating exercise restrictions prior to any refund being given. Refunds are not provided under any other circumstances.

LATE ARRIVALS: The PT is only required to wait for 20 minutes past the agreed start time. After this the PT may leave the premises and the Client will forfeit the amount for the session. If the Client, arrives within the 20 minutes the PT will complete the time left of the original session. No extra time will be given.

Health screen

1. Has your doctor told you that you have high blood pressure, any heart condition or have you ever suffered a stroke? Y/N
2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? Y/N
3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? Y/N
4. Have you had an asthma attack requiring immediate medical attention in the last 12 months? Y/N
5. If you have diabetes, have you had trouble controlling your blood glucose in the last 3 months? Y/N
6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by physical activity/exercise? Y/N



7. Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/ exercise? Y/N

If you have answered 'YES' to any of these questions please give details below

Please Note: You may also need to consult with your doctor before commencing in any physical activity/ exercise

You will be set a program based upon your present activity/exercise levels and your stated goals. You will experience some feelings of exertion during each activity session and may become hot and uncomfortable at times. If your plan includes certain types of cardiovascular exercise you can expect your breathing to become more rapid and your heart rate to increase. As your fitness improves, your goals may lead you to participate in more vigorous levels of activity but these should remain within your capabilities.

Any exercise program carries with it an element of risk. The sessions are designed to minimise risk yet, at the same time, provide an effective exercise/activity program. Please inform the instructor if there is any reason why you should not participate in an activity i.e. if you have an illness or an injury that might be aggravated by exercise. If, at any time, you feel undue pain or excessive discomfort stop the activity immediately and inform the instructor of your symptoms.

Acknowledgement

I, the Client, fully understand and agree to abide by the above rules and regulations. Before embarking on an exercise program I have completed the Physical Activity Readiness Questionnaire and resulting processes. I also understand that I should inform my PT of any medical conditions that may not have been covered in the form and that I may be advised to visit my doctor prior to commencing the sessions.

I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in the activity and/or use the equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities. I release Alicja Blachut from any liability for personal injury or other damage I may sustain whilst engaging in any exercise program suggested by her.

I have answered all questions to the best of my ability and I acknowledge receipt of this agreement and confirm acceptance of the terms and conditions herein.

Date	Signature	(Client)
------	-----------	----------

Date	Signature	(PT)
------	-----------	------