



Mobile Personal Trainer

lisa@pt2you.com.au | 0418 418 588 | pt2you.com.au

Personal Information

Full Name _____ D.O.B _____
Home Ph. _____ Mobile _____ Gender _____
Address _____
Suburb _____ Postcode _____
Email _____
Occupation _____

Emergency Contact Information

Full Name _____
Home Ph. _____ Mobile _____
Address _____
Suburb _____ Postcode _____
Relationship _____
Doctor _____ Phone _____

Liability Waiver

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise training program may be injurious to my health, am voluntarily participating in the training program.

I agree to disclose to PT to YOU any physical limitations, disabilities, conditions, illness, injury, ailments, or impairments ("condition") which may affect my ability to participate in the exercise training program prior to commencement of the program or as soon as possible after becoming aware of the condition.

Signature _____ Date _____

*** Note that your personal information is treated with the strictest confidentiality*

If you want something you've never had, you have to do something you've never done



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Personal Needs Analysis

Exercise History

Are you or have you been exercising or playing sport? If so, please describe:

Describe your current health & fitness _____

Have you been a member of a gym or fitness club before? _____

Have you ever had a negative experience with an exercise program before? If so, please describe:

Personal Goals

What do you hope to achieve from your exercise program? Please select the number which best represents the importance of this where:

1 = extremely important, 3 = somewhat important and 5 = not important

1 2 3 4 5

Improve general fitness level

Other?

Improve cardiovascular fitness

Increase energy levels

Increase muscle strength

Increase muscle mass

Increase muscle definition

Key Goals

Reduce body fat

Tone up

Improve flexibility

Reduce Stress

How long have you been thinking about these goals? _____

Are there any reasons why you can't achieve these goals? _____

Lifestyle Review

Are you following any particular eating plan or diet? _____

Is your job physical or sedentary? _____

How much time can you dedicate to an exercise program? _____

What types of exercise/activities interest you (tick)

Walking

Stationary cycling

Swimming

Weights

Running

Rowing machine

Cross trainer

Stretching

Other? _____



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Pre-Exercise Questionnaire

Have you ever had or do you have?

- | | | |
|---------------------------|----------------------------------|-----------------|
| Arthritis | Glandular Fever | Diabetes |
| Asthma | Heart Murmur | Epilepsy |
| Stroke | High Blood Pressure >140/90 | Hernia |
| Dizziness or Fainting | Palpitations or Chest Pain | Rheumatic Fever |
| Liver or Kidney Condition | Raised Cholesterol/Triglycerides | |
| Cancer | Any heart condition | |

Have you ever had or do you have?

- Anyone in your family under 60 suffered heart disease, stroke or raised cholesterol?
- Are you male over 45 or female over 55 and not used to regular vigorous exercise?
- Are you on prescription medication? Have you been hospitalised recently?
- Have you given birth in the last six weeks? Are you pregnant or breastfeeding?

**If you have ticked any of the above, please take this form to your doctor and ask for a clearance to exercise before starting any exercise program, OR sign below if you have already cleared the above condition with your doctor. Please give details of condition and related medications on the reverse side of this form.*

Condition Cleared: Signature _____ Date cleared _____

Have you ever had or do you have any pain or major injuries in the following areas?

- | | | |
|--------|------------------|---------------|
| Neck | Back | Ankles |
| Knees | Shoulders | Hips |
| Cramps | Are you dieting? | Do you smoke? |
- Any other conditions which may be reason to modify your exercise program?

What exercise have you been doing recently? _____

How long for? _____ How often? _____ Duration? _____

Intensity (please select) Hard Medium Light

PLEASE READ THE FOLLOWING ADVICE CAREFULLY-if at any time during the training session you feel any pain or discomfort, please tell your trainer. If you should suffer any illness, injury or condition in the future, please tell your trainer. I recognise that the trainer is not able to provide me with medical advice in regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.

Client Signature _____ Date _____

Personal Trainer's _____ Signature _____
Name