Client Consultation Form

1 SECTION 1 – PERSONAL INFORMATION

Name: **Gender:**

Age: **D.O.B:**

Email Address:

Contact Number:

Emergency Contact:

What is your preferred contact method?

Mobile (Calling): **Email:** **Mobile (WhatsApp etc.):**

2 SECTION 2 – HEALTH SCREENING

Do you have any;

Family history or diagnosed heart disease? **Yes:** **No:**

Family history or diagnosed diabetes? **Yes:** **No:**

Smoking history –

Currently: **Quit in the last 6 months:** **Smoke free over a year:** **Never:**

Have you had any recent injuries in the last 3 months?

If yes, tick below and explain.

Do you have any other heredity conditions?

If yes, tick below and explain.

Please note if any of the above are a yes and you frequently feel symptoms/side effects of the above, you may have to visit a GP for medical clearance to exercise.

On a 1-10 scale how do you rate your current health?

(1 = poor 10 = excellent)

On average how many hours sleep do you get?

4 - 6 **6 - 8** **8 +**

3 SECTION 3 – Lifestyle Questionnaire

What is the activity level of your occupation?

Sedentary: ○ Lightly active: ○ Moderately active: ○ Very active: ○ Extra active: ○

Do you currently exercise?

Yes ○ No ○

Describe the activity that you do for exercise:

How many hours over a week are spent in front of a TV, whether it be for watching or gaming?

0 - 2 ○ 2 - 4 ○ 4 - 6 ○ 6 - 8 ○ 8 - 10 ○ 10 - 12 ○ 12+ ○

What days and times are you able to have your sessions?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Provide 3 exercises/activities which you prefer to have included in your programme

1.
2.
3.

Provide 3 exercises/activities which you prefer not to be included in your programme

1.
2.
3.

4 SECTION 4 – Goal Setting

In order of urgency what are the top three reasons for requiring a PT?

1.
2.
3.

What are the three main barriers as to why you haven't achieved your fitness goals?

1.
2.
3.

Using low, medium or high. Rate your intake of the following dietary choices:

Item:	Low	Medium	High
Processed chilled food –			
Processed frozen food –			
Take-away meals –			
Alcohol intake –			
Snacks (inc. chocolate) –			
Salt intake –			
Protein intake –			
Vegetable intake –			
Fruit intake –			
Water intake –			
Wholegrain foods –			