

## **Client Consultation Form**

Please answer the following questions honestly so I can obtain an accurate summary of you and your current lifestyle. If you are detailed and honest with your answers, it will allow me to help you achieve exactly what you are hoping to. I will tailor a specific programme unique to you and advise correct nutrition based on the answers you give. This information is strictly confidential and the following information will only be read and analysed by myself.

<b>Contact Numb</b>	er:		
Email:			
Biological Sex	: M / F / Prefer	not to say	
Date Of Birth:_		Age:	
Weight:	kg //	lbs //stone	
Height:	cm //	inches	
Body Fat %:	(if know	1)	
Other current	information re	levant to your goals:	
body part r		ill help us track and keep record of your p is (waist/hips/arms etc.), blood pressure, i etc.	
What is your c	urrent level of	fitness?	



## What is your motivation?

Are you self-driven? Do you need help with motivation? What attitude do you have towards fitness? What has made you think about improving your fitness?

 What are your personal goals and future aspirations in relation to fitness and in what timeframe? Be specific!

e.g. fat loss, muscle growth, speed, agility, overall fitness etc. ...in 12 weeks, in six months, consistency in my habits etc.

• What experience do you have with fitness?

Including past exercise, sports played and any other fitness activities you have taken part in (with approximate dates if remembered).

What areas of fitness do you enjoy and find the most engaging for you?

This could include what type of exercise you favour in a gym... e.g. cardio/free weights/resistance machines/bodyweight exercises etc. This could also include any sports based exercise you enjoy... e.g. football drills/boxing/cycling etc.

Feel free to mentioned any low impact exercises you enjoy too, e.g., walking



Wha	t areas of fitness do you fundamentally dislike?
	is section will include what you avoid doing at all costs whether that is: a rticular exercise, going into the weights section of a gym, home workouts :.
F.,,,,,	sin buiefly why year dielike these neuticules eversions?
EXPI	ain briefly why you dislike these particular exercises?
Wha	t do you struggle with when it comes to exercising and nutrition? And why do you
	t do you struggle with when it comes to exercising and nutrition? And why do you c that is?
thin Do	c that is?
thin Do	<b>c that is?</b> you struggle with motivation? Do you find it difficult to stick to routines
thin Do	<b>that is?</b> you struggle with motivation? Do you find it difficult to stick to routines
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rain quite busy ai		<b>YES</b> re fitness based around my current schedule
		NO
	I want to take my t	raining to the next level
		<b>N/A</b> do whatever it takes
n an ideal world hov ach session?	v often do you think yo	ou could commit to exercise and for how long
	ek, 4/5 times a week 1/60 mins, 1-2 hours	x, 6/7 times a week s
re you interested in	home workouts? Circ	le as appropriate
	YES	NO
	I WOULD BE BU	T I HAVE NO SPACE
	4! II wa daa a a a a a a b ! I	ity to exercise or do certain exercises?
s there anything tha	t will reduce your abii	ונץ נט פאפוטופט טו עט טפונמווו פאפוטופפפי
Do you suffer from	m any injuries, hear oundaries that will l	t conditions, age-related illnesses or hinder your ability to complete certain is your health history?
Do you suffer from have any other be exercises? No acc	m any injuries, hear oundaries that will l cess to a gym? What	t conditions, age-related illnesses or hinder your ability to complete certain is your health history?
Do you suffer from have any other be exercises? No account will your current lifes work schedule?	m any injuries, hear oundaries that will l cess to a gym? What	t conditions, age-related illnesses or hinder your ability to complete certain
Do you suffer from have any other be exercises? No account will your current life work schedule?	m any injuries, hear oundaries that will l cess to a gym? What	t conditions, age-related illnesses or hinder your ability to complete certain is your health history?



## What are your current nutritional habits? The good, the bad & the ugly.

	nared with anyone.
snack? If	a typical day of eating like for you? Do you eat healthily? Do you so what do you eat, when and how consistent are you with your What foods do you like and dislike? Do you like to eat out? Water
What are ve	
wildt ale yt	our nutritional goals?
Do you s	truggle with eating? Water intake? What do you want to achieve g your nutrition?
Do you s	truggle with eating? Water intake? What do you want to achieve
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•	Do you	have	any	specific	dietary	requirem	ents?

Allergies? Veget	arian? Vegan? Religion	related?
What equipment do	you have access to? Gym	membership? Home equipment?
resistance band	ls at home? Dumbbells?	start going to a gym? Do you have Anything that could assist your for you. Or do you not know?
<ul> <li>What are your initial</li> </ul>	al expectations prior to pa	rticipating in a new training programme?
Thank you for completing th	e initial consultation form	!
DISCLAIMER		
	s programme. I also am aware	e and I give my full permission to allow it to be that any nutritional information given to me by
Client Signature:	Print Name:	Date:
PT Signature:	_ Print Name:	Date: