

Client Consultation Form

Name of client:		Date:	Gender: M / F
Date of birth:		Phone no :	
		Email address :	
Physical assessments			
<u>Weight / Target</u>	<u>Blood pressure:</u>	<u>Measurements (inches)</u>	
-Kg: -St: -lbs: 1 st = 6.35029 kg 1 kg x 2.205 = 1 lb 1 lb x 14 = 1 st	-Diastolic: -Systolic:	-Waist: -Arms: -Calves: -Quad: -Bodyfat % : (%)	
Client goals:			
Client obstacles to achieving goals: i.e / family, child care, work, time etc.			
Strategies to overcome barriers and to achieve goals:			
Lifestyle, occupation and hobbies:			
Preferred exercises / disliked movements:			
Pre exercise checks / voluntary disclosures: – prior injures, aches, pains / medical conditions / medication usage / illnesses that could hinder training:			



Goal Strategy / time frame / deadline / etc

Short-term: 4-wk period

Long term: 12-wk period

Extended period: 24 wk (6 months)

Specific / measurable / attainable / realistic / time frame / ambitious target:



Physical activity readiness questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?	YES	NO
2. Do you feel pain in your chest when you do physical activity?	YES	NO
3. In the past month, have you had chest pain when you were not doing physical activity?	YES	NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES	NO
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	YES	NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?	YES	NO
7. Do you know of any other reason why you should not do physical activity?	YES	NO

If you answered YES to one or more questions, talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice
find out which community programmes are safe and helpful for you



New starter intake info / Preferences / Coaching terms:

PROTEIN	CARBS	FATS	GREENS
 FISH	 FRUIT	 MILK	 SPINACH
 BEEF / STEAK	 OATS / PORRIDGE	 ALMOND MILK	 KALE
 EGGS	 PASTA	 AVOCADO	 CARROTS
 NUTS	 BANANAS	 PEANUT BUTTER	 PEPPERS
 GREEK YOGURT	 SWEET POTATO		 BROCCOLI
 CHICKEN / TURKEY	 BREAD		 AVOCADO
 PROTEIN POWDER	 POTATOS		 GREEN BEANS
 LENTILS / CHICKPEAS	 RICE		

Please list any allergies or intolerances / preferred / disliked foods:

Coaching Terms / Client Acknowledgments:

- You agree to complete / answer all questions in your weekly check-in form honestly.
- You agree to weigh yourself at the beginning of each morning & record your weight.
- You agree to weigh your food and stick to your meal plan & follow it to the best of your ability.
- If your trainer has told you to perform cardio you agree to take a photo of you completing the cardio (time elapsed / calories burned / heart rate).
- You agree to attend your scheduled monthly review meeting to check weight / measurements & discuss next steps & progress adjustments.
- You agree to take progress photos once per week (Front / side & back) and keep these for your coach to review.
- You agree to check-in via the app and input all of the data correctly (if this is not a convenient method you agree to update your log-book instead).
- You agree to arrive on time for your sessions / book in advance / provide good notice if you wish to cancel.
- You agree to provide prompt payment to renew your coaching service and you agree to the **30-Day cancellation policy to avoid loss of earnings due to sessions and meal plans being made in advance.** (Failure to do so will result in discontinuation of personal training services).

Print Name	Signature	Date

Product Purchased:	Agreed Start Date:	Agreed Renewal / End Date:

Bank Transfer:

Cash:

