Phenofit initial consultation form

**Your Personal Details**

Client Name: DoB:

Address:

Postcode:

Email: Phone:

**Emergency Contact Details**

Name:

Address:

Postcode:

Email:Phone:

**Your Health Goals**

**1.**What health goals would you like to achieve in the next 3 months?

**2.**Name 3 things you could do in order to improve your health?

**What are your main reasons for starting a fitness programme?**

General conditioning Muscular strength Motivation

Weight /fat loss Aerobic fitness Appearance

Stress management Flexibility Improve self-esteem

Other(s)

How would you describe your general health and fitness?

Have you ever done any structured exercise? Yes / No

If ‘**Yes’ what did you do?**

What type of exercise do you enjoy the most?

What type of exercise do you dislike the most?

What would you say are the main barriers preventing you from exercising?

Lack of facilities No motivation No time

Injury/illness Unfit Appearance

Lack of knowledge Family Work

Diet and Nutrition

On a scale of 1-10 **(with 1 being poor and 10 being excellent)** how would you assess the quality of your eating habits?

Would you like any help or advice in changing the quality of your eating habits? Yes / No

Do you follow any particular diet or eating patterns?

**Lifestyle**

Do you drink alcohol? Yes / No

Do you smoke? Yes / No

If you answered ‘Yes’, would you like help or advice to change these habits? Yes / No

Medical History

Have you had a major illness or injury in the last 5 years Yes / No

If ‘Yes’ please give details

Are you receiving treatment for any diagnosed medical condition? Yes / No

If ‘Yes’ please give details

Are you taking any prescription medication? **Yes / No**

If ‘Yes’ please give details

Please indicate if you ever experience any of the following symptoms. Do you:

Ever get unusually short of breath with very light exertion?

Ever have pain, pressure, heaviness or tightness in the chest area?

Regularly have unexplained pain in the abdomen, shoulders or arm?

Structural Health

Please indicate on the figures below any aches, pains or problem areas.

Please give details of any areas indicated

Are any of these injuries aggravated by exercise? Yes / No

Are you currently receiving treatment for any structural problem? Yes / No

Please indicate any other health problems you suffer from which you have not already mentioned.



I can confirm that I have answered all questions honestly and that the information given is correct.

Signed Print Name Date