



## CONSULTATION FORM

### PERSONAL DETAILS

Name: .....

Address: .....

D.O.B: .....

Mobile Number: .....

Job role: .....

Location of work: .....

Details of journey to work: .....

Work start/finish time: .....

Stress level of position between 1-5 (5 being highest): .....

### NUTRITION

What do you eat for breakfast? .....

What do you eat for lunch? .....

What do you eat for dinner? .....

Do you snack? If so, when? What on? .....

Do you get your 5-a-day? .....

How many days out of 7 do you eat out/have takeaway? .....

How much water do you drink daily? .....

How many days out of 7 do you drink alcohol? .....

Out of those days how many are more than 2 glasses? .....

Do you drink caffeine? How much? .....

### LIFESTYLE

Do you smoke? If so, how many? .....

What time do you go to bed? .....

What time to you get up? .....



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## OTHER

Do you have any injuries, if so details? .....

Are you on any medication? .....

Are you pregnant? .....

What is your current UK dress size? .....

Anything else you feel we should know? .....

How many times a week would you like personal training? .....

Where would you like to train: home, park (what is your nearest) or studio? .....

## EXCERCISE

Please summarise your exercise history from secondary school to date. Explain if you stopped various activities, why: .....

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## GOALS & TARGETS

What are you hoping to achieve from personal training? .....

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