U plus Fitness

Fitness Questionnaire (Personal Training)

Personal Information

First Name:	Surname:	
Phone:	Date of Birth:	Gender:
Address:		
Email:	Occupation:	
Emergency Contact Name:	Emergency Contact Phone:	
How did you hear about U plus Fitness?		

Pre-exercise Screening Questions

Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No
If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No
IF YOU ANSWERED 'YES' to any of these 7 questions, have you received clearance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise?	Yes	No

Exercise History

Are you currently exercising?	Yes	No
If yes, provide details (what type, how often, how hard):		
If no, have you exercised previously?	Yes	No
If yes, provide details (what type, how often, how hard, how long ago):		

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Medical History

Do you have, or have you had, any of the following? Tick all that apply

☐ Arthritis	☐ Asthma	☐ Diabetes	☐ Epilepsy
☐ Heart problems/disease	☐ Stroke	☐ Family history of heart disease/stroke	
☐ High blood pressure	☐ Low blood pressure	☐ Chest pain	☐ High cholesterol
☐ Dizziness	☐ Osteoporosis	☐ Other Conditions	

Provide details:

Do you have, or have you had, any joint problems, pain or injuries in any of the following? Tick all that apply

☐ Neck	☐ Shoulders	☐ Elbows	☐ Wrists
☐ Lower back	☐ Hips/pelvis	☐ Knees	☐ Ankles/ feet
☐ Muscular pain	☐ Other		

Provide details:

Are you currently taking any medications? Yes No

Provide details:

Are you pregnant, or have you given birth in the last 12 months? Yes No

Provide details:

Do you have, or have you experienced, any of the following? Tick all that apply

☐ Allergies to grass/pollen/ pollution	☐ Reaction to insect bites	☐ Heat exhaustion/stroke
☐ Anxiety about exercising in public areas	☐ Stress incontinence	

Provide details:

Are there any other conditions which may be reason to modify your exercise program? Yes No

Provide details:

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Goals & Motivation

What do you hope to achieve from your exercise program?

What is your number 1 fitness goal?

Why is this goal important to you?

When would you like to achieve this goal?

Is there anything stopping you achieving this goal?

What changes are you prepared to make to achieve your goal?

Which statement describes you the best when it comes to exercise (please tick)

☐ Self-motivated ☐ Prefer a training partner ☐ Need regular help ☐ Tend to lose motivation

Lifestyle

Are you currently following a particular eating plan or diet?	Yes	No
If yes, provide details:		
Would you like guidance with your current eating patterns?	Yes	No
Do you eat junk food / take-away?	Yes	No
If yes, provide details (what, how much, how often):		
Do you drink alcohol?	Yes	No
If yes, provide details (how much, how often):		
Do you smoke or have you ever smoked regularly?	Yes	No

Training Preferences

How much time can you dedicate to an exercise program?

What time of the day can you exercise? (tick all that apply)

☐ Early mornings ☐ Mornings ☐ Lunch ☐ Afternoons ☐ Evenings

What types of exercise/activities interest you? (tick all that apply)

☐ Walking	☐ Running	☐ Cycling	☐ Swimming
☐ Indoor exercise	☐ Outdoor exercise	☐ Sport	☐ Group exercise
☐ Stationary Cycle	☐ Rowing machine	☐ Weight machines	☐ Free weights
☐ Stretching	☐ Functional training	☐ High intensity	☐ Interval training

☐ Other (please describe)

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Agreement

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with U plus Fitness.

Having such knowledge, I hereby release U plus Fitness, their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I believe that to the best of my knowledge the information provided here is correct. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health or relevant to my training, I will immediately inform U plus Fitness.

I acknowledge that I have the read the U plus Fitness Cancellation and Refund Policy in full. I understand that all cancellations must be made at least 24 hours prior to the scheduled session time and that any session cancelled within 24 hours will be charged at the full price. I further understand that only unused sessions will be refunded should I be unhappy with the service provided.

I certify that I am 18 years or older and have read this document and fully understand it and agree to the above for myself OR as a parent or guardian of the participant under 18 years old I agree to the above for on behalf of the participant.

Client/Parent/Guardian Signature:	Date:
Instructor Signature:	Date: