

Inner Alignment Fitness

Tony Ratnam

Certified Personal Trainer

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FITNESS CONSULTATION FORM

The information so requested in this form is essential to helping us develop a safe and effective fitness program that caters specifically to your needs, current capabilities, goals and interests. If you are not comfortable in divulging aspects of information so requested, we understand, but please be advised that this may impact our ability to cater towards your fitness needs in the best of your interests.

Your privacy is of importance to us and all information received from you will be treated with the highest degree of confidentiality & ethical conduct.

It is highly recommend that an examination by a physician, or other relevant health specialist be obtained prior to you commencing any exercise program.

Personal Data

Name: _____ Date of Birth: ____/____/____ Age: _____

Address: _____

Phone: (Mob) _____ Others : _____

Email address: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____

Lifestyle Related Questions

1) Do you smoke? **(Yes / No)** If yes, how many? _____

2) Do you drink alcohol? **(Yes / No)** If yes, _____

3) Hours sleep @ day : _____ hrs 4) Describe your job: Sedentary / Active / Physically Demanding

5) On a scale of 1-10, how would you rate your stress level (1=very low, 10=very high)? _____

6) List your 3 biggest sources of stress:

a. _____ b. _____ c. _____

7) Is anyone in your family overweight? Mother / Father / Siblings / Grandparents

8) Were you overweight as a child? **(Yes / No)** If yes, at what age(s)? _____

Medical History

Please tick and make notes if any of the following is applicable to you ;

Heart related conditions

☐

Pains in chest

☐

Lose balance / dizziness

☐

Bone, joint issues

☐

Physical pain / Limitations/
Known Injuries

☐

Respiratory issues

☐

Pregnant now or recently
given birth

☐

Recent surgery

☐

High anxiety, Depression

☐

Eating disorders (anorexia,
bulimia)

☐

Sleeping problems

☐

Diabetes (specify type)

☐

Thyroid conditions

☐

Others conditions :

Do you take any medications, either prescription or non-prescription, on a regular basis?
Does this medication impact your ability to exercise or achieve your fitness goals?

(Yes / No)

Nutrition Related Questions

1) Describe your typical eating plan ;

	Time of Day (e.g. early morn, noon, mid arvo, etc)	What do you typically eat
Meal 1		
Meal 2		
Meal 3		
Meal 4		
Meal 5		
Meal 6		
Meal 7		
Meal 8		

2) On a scale of 1-10, how would you rate your current Nutrition (1=very poor 10=excellent)? _____

3) Besides hunger, for what other reason(s) do you eat?

- Boredom / Social Influences / Stressed / Tired / Depressed / Happy / Nervous

4) How many litres of water do you consume daily? _____

5) Do you feel drops in your energy levels throughout the day? **(Yes / No)** If yes, when? _____

6) Are you currently taking any multivitamin or any other food supplements? **(Yes / No)** If yes, please list the supplements:

7) List 3 areas of your Nutrition you would like to improve on:

a. _____ b. _____ c. _____

Fitness History

1) Rate your present fitness level (1=Worst 10=Best)? _____

2) Describe your physical / exercise activities ;

Over the past 3 months _____

Prior to that _____

4) What if anything has stopped you exercising in the past _____

6) What if any, don't you like about exercising ? _____

7) If your current participation is lower than you would like it to be, what are the reasons?

- Lack of Interest / Illness / Injury / Lack of Time / Others _____

Fitness Goals

1) What are your desired fitness outcomes / how may we assist you ? Please circle that which applies

- Lose Body Fat / Develop Muscle Tone / Increase Muscle Size / Strength Increase
- Feel & Look Better / More Energy / Improve Physical Mobility / Rehabilitate an Injury
- Start a new exercise program / Design a more advanced program / Nutrition Improvement
- Sports Specific Training / Fun & Social Interaction / Fitness Motivation
- Others _____

2) Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

- _____
- _____
- _____

Developing your Fitness Program

1) Please circle how you prefer to exercise:

- Indoor / Outdoor / Combination
- Large Groups / Small Groups / Alone / Combination
- Morning / Lunch Time / Afternoon / Evening / Night

2) Realistically, how days a week can you allocate aside for exercise? _____ days @ week

3) Realistically, how much time could you allocate for each exercise session? _____ mins

4) Please circle the best days during the week for you to commit to your exercise program?

M T W T F S S

5) What part or role in particular do you wish for your Personal Trainer to play with regards your training and fitness goals ?

6) On a scale of 1 - 10 (10 being highest), indicate your desired level for your Personal Trainer to push and motivate you out of your comfort zone to facilitate you achieving your fitness goals - _____

CONSENT, ACKNOWLEDGEMENT, RELEASE & INDEMNITY

I have volunteered to participate in a program of physical exercise under the direction of Tony Ratnam and / or his certified associates. I also acknowledge that in the course of the exercise program, my Personal Trainer may need to place their hands on my body in a professional manner conducive with fitness training for instruction purposes and I hereby give my consent to Tony Ratnam and his certified associates to do so accordingly.

I acknowledge and agree that no warranties or representatives have been made to me by any representative of Tony Ratnam regarding the results I will or may achieve from any program conducted by Tony Ratnam and / or his certified associates. I understand that results are individual and may vary.

I understand that exercise carries some risk including, without limitation, risk to the musculoskeletal system and to the cardio respiratory system.

I do here and forever release and discharge and hold harmless Tony Ratnam, his certified associates and respective agents, heirs, assigns, contractors and employees from any legal claims, demands, damages, rights or cases of action, present or future, arising out of or connected with my participation in this or any exercise and nutrition program including any resulting injuries. I recognise that **an examination by a physician, or other relevant health specialist** should be obtained prior to commencing my exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with my Personal Trainer, I hereby agree that I am doing so at my own risk.

CLIENT (Or PARENT/GUARDIAN SIGNATURE FOR MINORS UNDER 18 YEARS OLD) :

Client Signature _____

Date ____/____/____

Print Name _____