

## Client Information

Full Name: \_\_\_\_\_ Gender: Male  Female  Other

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Email Address: \_\_\_\_\_ Weight: \_\_\_\_\_

Please read the following questions carefully, answering each one honestly and accurately. All information will be kept confidential. Once complete, email this document to: [desmondblakely@gmail.com](mailto:desmondblakely@gmail.com)

Briefly describe your specific, short-term goals (within the next 12 weeks) with regards to your body and health.

Briefly describe your specific, long-term goals (beyond 12 weeks) with regards to your body and health.

How would you rate your current **strength** levels?

Poor	Fair	Average	Good	Great	Excellent
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How would you rate your current **fitness** levels?

Poor	Fair	Average	Good	Great	Excellent
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How would you best describe your general health and fitness?

Name 3 things you could do to improve your health and fitness:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Client Information

Are you currently exercising at least three times weekly?	Yes / No
If yes, how long have you been consistently doing so?	

What does a typical week of training look like for you at the moment? Indicate OFF days as well.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

What type of exercise do you **like** the most?

What type of exercise do you **dislike** the most?

Are there any exercises that cause you problems? That is to say, something hurts when you do it:

What are your main challenges when it comes to training?

- |                    |                          |                   |                          |            |                          |
|--------------------|--------------------------|-------------------|--------------------------|------------|--------------------------|
| Lack of facilities | <input type="checkbox"/> | Work              | <input type="checkbox"/> | No time    | <input type="checkbox"/> |
| Knowledge          | <input type="checkbox"/> | Family            | <input type="checkbox"/> | Energy     | <input type="checkbox"/> |
| Confidence         | <input type="checkbox"/> | Illness or injury | <input type="checkbox"/> | Motivation | <input type="checkbox"/> |
| Other              | <input type="checkbox"/> | _____             |                          |            |                          |

## Client Information

Do you follow any particular diet or eating patterns?

On a scale of 1-10 how would you assess the quality of your eating habits?

1	2	3	4	5	6	7	8	9	10
<b>Poor</b>					<b>Excellent</b>				

Would you like any help or advice in changing the quality of your eating habits?	Yes / No
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Have you had a serious illness or injury in the last 5 years?	Yes / No
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If 'YES' please give details:

Have you had any major surgery or been hospitalized in the last year?	Yes / No
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If 'YES' please give details:

Do you suffer from any regular aches or pains?	Yes / No
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If 'YES' please give details:

Anything not previously mentioned that you think I should know about?

## Physical Activity Readiness Questionnaire

	YES	NO
Has your doctor ever said you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently have pains in your heart or chest?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tend to lose consciousness or fall over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be or has been aggravated by exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over the age of 65 and not accustomed to vigorous exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If 'YES' please give details:

**If you answered YES to one or more questions:**

You should consult with your doctor to clarify that it is safe for you to become physically active at this time.

**If you answered NO to ALL of the questions:**

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Client: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this document will be provided to the client within 7 days.

## ONLINE Training Agreement

I first want to thank you for choosing me as your trainer. I'm excited to embark on this stage of your fitness journey with you and will do everything I can to ensure that you succeed.

Below are some guidelines that will help us work together more effectively. If you have questions about any of the following, feel free to contact me.

### **Payment terms**

Payment for services must be made in advance of any coaching taking place.

### **Refunds**

Unfortunately, refunds cannot be provided under any circumstances.

### **Termination**

Direct Debits can be cancelled at any time, but you may need to give your bank at least 1 days' notice before your next payment date to avoid being charged for the following month.

### **Recommendations**

Using my judgment and experience, I (the coach) will make certain suggestions to support your progress. In addition, should you (the client) have any specific requests, let me know and I will do my best to accommodate them.

### **Communication and commitment**

While I can give you the tools and encouragement to achieve your goals, you have to assume responsibility for making the necessary changes. I can best help you with this process if you keep me fully informed of any challenges that arise, sharing any questions or concerns you have along the way.

### **Acknowledgement**

I have read and understood the terms of this agreement.

Coach:

Signature:

Date:

Client:

Signature:

Date:

A copy of this document will be provided to the client within 7 days.