

Phone: 021 152 3262
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 www.fit4consumption.co.nz



Getting to Know You

Thank you for taking the time to complete the following questions. This helps me to determine the best approach to help you reach your goals.

Name:	DOB:
Home Address:	Home Phone:
	Work Phone:
Occupation:	Mobile:
Email Address:	
In Case of Emergency	Phone Numbers
Name:	

How did you hear about me?

Do you have any of the following medical conditions?		
	Yes/No	Please give details
A Heart Condition		
Diabetes—Type 1 or 2		
Asthma		
High Blood Pressure		
Epilepsy		
Joint Problems		
Have you had any major operations		
Do you take any medication?		
Any other medical conditions I should know about?		

COMPLETE ONLY IF YOU ARE PREGNANT—Your Due Date:	
Have you sought advice from medical practitioner in regards to exercise?	
Are there any complications with the pregnancy? Explain	
Are you currently exercising, or have you done any training previously, if so what type/when/how often?	

COMPLETE ONLY IF YOU ARE POSTNATAL—Your Baby's age (the most recent child):	
Did you have an abdominal separation? Have you had clearance from a health provider to exercise now? Explain	
Did you experience pelvic pain during pregnancy or currently? Have you had clearance from a health provider to exercise now? Explain	

If you answered yes to either of these two questions or if you are unsure I will either need confirmation from your health provider that it is safe for you to exercise with me or you will need to book a personal assessment with me BEFORE starting any exercise to ensure your own safety.

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Past Exercise Experience	
	Please give details
What exercise do you enjoy?	
What don't you enjoy doing?	
On a scale of 1-10 how motivated are you to exercise regularly? (1 is not at all, 10 is incredibly motivated)	1 2 3 4 5 6 7 8 9 10
What support do you expect from me as your trainer?	
What has held you back from achieving results in the past? What might hold you back this time?	

General Health

- | | |
|---|--------|
| 1. Do you feel any pain or clicking in the front or back of your pelvis? | YES NO |
| 2. Do you have ongoing back, pelvis, groin or abdominal pain? | YES NO |
| 3. Do you feel pain in any other joints in your body? | YES NO |
| 4. Do you have any pins and needles anywhere? | YES NO |
| 5. Do you have pain around the coccyx/tailbone? | YES NO |
| 6. Do you experience episodes of dizziness? | YES NO |
| 7. Do you experience difficulty breathing, feeling short of breath? | YES NO |
| 8. Do you have high blood pressure or high cholesterol? | YES NO |
| 9. Have you ever had abnormal heart rate, palpitations or irregular heartbeat? | YES NO |
| 10. Do you experience an increase in headaches during or after exercise? | YES NO |
| 11. Do you ever leak urine when you cough, sneeze, laugh or run? | YES NO |
| 12. Do you often need to go to the toilet in a hurry or find it difficult to get there in time if you are out and about? | YES NO |
| 13. Do you ever lose control of your bowel or accidentally pass wind a lot? | YES NO |
| 14. Do you have haemorrhoids that aren't improving? | YES NO |
| 15. Have you been experiencing constipation? | YES NO |
| 16. Do you experience and feeling of "dragging, heaviness or bulging" in your vaginal area (worse if tired or at the end of the day)? | YES NO |
| 17. Do you experience difficulty with any daily task due to pain, leakage or any other symptoms? | YES NO |
| 18. If currently pregnant, as far as you know, is there a risk of premature labour (i.e. incomplete cervix, pre-eclampsia, multiple pregnancies)? | YES NO |
| 19. If currently pregnant have you had any episodes of vaginal bleeding or amniotic fluid leakage? | YES NO |

If answered yes to any of the above 19 questions I may require written consent from your health practitioner to continue.

Informed Consent

I hereby acknowledge that the information provided above regarding my health is, to the best of my knowledge, correct. I will inform you immediately if there are any changes to my health status.

Disclaimer

I acknowledge that participating in physical activity carries a risk and I accept all responsibility for that risk.

Client Signature: Trainer's Signature:

Date: Date: