

**Fe Taylor Fitness**  
**Vitality. Inspiration. Wellbeing**

***I want to help you achieve your goals!***

Please complete the following "getting to know you" questions so that together we can turn your health and fitness dreams into realities!

YOUR NAME: \_\_\_\_\_

YOUR CONTACT PH. NUMBERS: \_\_\_\_\_

YOUR POSTAL ADDRESS: \_\_\_\_\_

WHEN IS YOUR BIRTHDAY? \_\_\_\_\_

Which of the following goals are important to you?

I want to get <b>fitter</b>	<input type="checkbox"/>
I want to get <b>stronger</b>	<input type="checkbox"/>
I want to <b>lose weight</b>	<input type="checkbox"/>
I want to <b>tone up</b>	<input type="checkbox"/>
I want a <b>faster metabolism</b>	<input type="checkbox"/>
I want <b>more energy</b>	<input type="checkbox"/>

I need rehabilitation / pain relief for my:	
Back	<input type="checkbox"/>
Knees	<input type="checkbox"/>
Shoulder /s	<input type="checkbox"/>
Other _____	
<b>I have a specific sporting goal</b>	<input type="checkbox"/>

HOW important is it for you to achieve these goals?

Urgent       Very important       Important       If it happens, it happens!

WHEN do you want to achieve these goals? Do you have a specific time frame?

\_\_\_\_\_

HOW many days a week have you set aside to achieve your goals? \_\_\_\_\_

CIRCLE WHICH days of the week are best for you to include exercise? M Tu W Th F Sa Su

PLEASE describe your exercise characteristics:

- |  |                          |
|--|--------------------------|
| I am self motivated                                    | <input type="checkbox"/> |
| I find exercise easier to stick to if I have a partner | <input type="checkbox"/> |
| I find exercise easier with regular motivation         | <input type="checkbox"/> |
| I need constant motivation                             | <input type="checkbox"/> |

ARE you currently exercising?    YES                       NO                       SOMETIMES

TELL me the ways to exercise that you LOVE! \_\_\_\_\_

TELL me the ways to exercise that you HATE! \_\_\_\_\_

**PLEASE CONTINUE TO PAGE 2 AND COMPLETE THE MEDICAL QUESTIONS**

## The Medical Questions -

Please complete the following questions. ALL information is held in strict confidence.

I MUST know ALL of your existing medical conditions. It is your responsibility to complete these questions before participating in our exercise programs. It is also your responsibility to inform me if your medical or physical condition changes.

**I WANT TO MAKE SURE OUR TIME TOGETHER IS SAFE AS WELL AS FUN!**

Do you have any medical conditions you think may prevent you from exercising?

YES       NO       I AM NOT SURE.

Description: \_\_\_\_\_

Do you have or do any of the following conditions exist in your family history?

Asthma     Diabetes     High or low blood pressure     High Cholesterol  
 Heart Problems     Epilepsy     Dizziness     Chest Pain     Arthritis  
 Osteoporosis

Any other conditions you think I should know about: \_\_\_\_\_

Do you have any joint problems, aches, pains or injuries – past or present?

Ankles     Knees     Hips     Back     Shoulders     Neck  
 Elbows     Wrists     Others – describe \_\_\_\_\_

Do you take any pills / tablets / medication / medicines?

YES       NO      Please describe: \_\_\_\_\_

When was your last Doctors visit, how often do you go and what for? \_\_\_\_\_

Are you or have you recently been pregnant? \_\_\_\_\_

I recommend that you consult with your Doctor before participating in any training sessions. **You agree** to advise me immediately if your medical condition should change, and we will complete this paperwork again.

**Thank you for helping me, to help you achieve your health & fitness goals – safely.**

Names and Numbers of persons who can be contacted in case of emergency:

If I am unable to contact the above persons, in the case of Emergency, do you want me to call an ambulance?

YES       NO

PLEASE inform me of any medical condition that may prevent you from exercising. Please be aware that I will do everything to ensure that your exercise program is safe and effective, however you are choosing to exercise at your own risk, and I do not take responsibility if you choose to participate in the training program. You must take responsibility of your own body.

YOUR FULL NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_