



## Personal Training & Sports Massage

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### Exercise and Health Status Questionnaire

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*Please complete this questionnaire and bring it with you to your introductory interview.*  
Evolution PT Ltd, 210 Horton Road Datchet Windsor Berkshire SL4 3QN kevin@evo-pt.co.uk (+44) 7780 994772

*Section 1 – Your Personal Details*

<b>Name</b>	_____
<b>Address</b>	_____ _____ _____ _____
	<b>Post Code</b> _____
<b>Telephone</b>	<b>Home</b> _____ <b>Work</b> _____
	<b>Mobile</b> _____
<b>E-mail</b>	_____
<b>Occupation</b>	_____
<b>Date of Birth</b>	_____

*Section 2 – Emergency Contact Details*

<b>Name</b>	_____
<b>Address</b>	_____ _____ _____ _____
	<b>Post Code</b> _____
<b>Telephone</b>	<b>Home</b> _____ <b>Work</b> _____
	<b>Mobile</b> _____

*Section 3 – Your Doctor's Details*

<b>Name</b>	_____
<b>Address</b>	_____ _____ _____ _____
	<b>Post Code</b> _____
<b>Telephone</b>	_____

**Section 4 – About Your Health Goals**

**1 What health goals would you like to achieve in the next 3 months?**

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**2 What long term health goals would you like to achieve over the next 12 months?**

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**3 Name 3 things you will do in order to improve your health.**

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**Section 5 – About Your Exercise Habits**

**4 What are your main reasons for starting a fitness programme?**

- |   |   |
|---|---|
| <input type="checkbox"/> General conditioning | <input type="checkbox"/> Weight/fat loss    |
| <input type="checkbox"/> Stress management    | <input type="checkbox"/> Muscular strength  |
| <input type="checkbox"/> Aerobic fitness      | <input type="checkbox"/> Flexibility        |
| <input type="checkbox"/> Enjoyment            | <input type="checkbox"/> Social             |
| <input type="checkbox"/> Improve self esteem  | <input type="checkbox"/> Disease prevention |
| <input type="checkbox"/> Appearance           | <input type="checkbox"/> Other _____        |

**5 How would you describe your fitness condition in terms of your general health and fitness?**

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**6 Have you ever done any structured exercise?**     Yes     No

*If you answered No, please go to question 12.*

**7 What was it?**

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**8 How many times a week did you exercise?**    \_\_\_\_\_ days per week

**9 How long did you stick with it?**

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**10 Did you get the results you wanted?**     Yes     No

*If you answered No, please go to question 12.*

**11 If you did, why did you stop?**

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**12 What activity do you enjoy doing the most?**

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**13 What do you like doing the least?**

\_\_\_\_\_

**14 What would you identify as the main barriers preventing you from exercising in the future?**

- |  |   |
|--|---|
| <input type="checkbox"/> Procrastination         | <input type="checkbox"/> Lack of motivation         |
| <input type="checkbox"/> No time                 | <input type="checkbox"/> Lack of facilities         |
| <input type="checkbox"/> Injury                  | <input type="checkbox"/> Lack of ability/fitness    |
| <input type="checkbox"/> Financial cost          | <input type="checkbox"/> Lack of relevant knowledge |
| <input type="checkbox"/> Family responsibilities | <input type="checkbox"/> Medical advice             |

### ***Section 6 – About Your Nutritional Needs***

**15 On a scale of 1 – 10 (1 being very low quality, 10 being very high quality), how would you assess the quality of your diet?** \_\_\_\_\_

**16 Do you follow any particular diet? Please tick all boxes that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Vegetarian and fish | <input type="checkbox"/> Vegetarian          |
| <input type="checkbox"/> Vegan               | <input type="checkbox"/> Allergy elimination |
| <input type="checkbox"/> Other _____         |  |

**17 Would you like any advice or support to help you make any changes to the quality of your diet?**   
Yes  No

**18 If you answered Yes, please give details of your 3 key goals.**

- i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

**19 Have you had your diet analysed before?**  Yes  No

***If Yes, when?***

\_\_\_\_\_



**Section 8 – About Your Structural Health**

**26 Do you have any of the following conditions? Please tick all boxes that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Osteoarthritis       | <input type="checkbox"/> Shoulder injury   |
| <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Head/neck injury  |
| <input type="checkbox"/> Knee/thigh injury    | <input type="checkbox"/> Arm/elbow injury  |
| <input type="checkbox"/> Back pain/injury     | <input type="checkbox"/> Hip/pelvis injury |
| <input type="checkbox"/> Wrist/hand injury    | <input type="checkbox"/> Nerve damage      |
| <input type="checkbox"/> Ankle/foot injury    | <input type="checkbox"/> Bone fracture     |
| <input type="checkbox"/> Swollen joints       |  |

**27 If you answered Yes, please give details.**

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**28 Are these or any other injuries aggravated by exercise?**     Yes     No

*If you answered No, please go to question 27.*

**29 If you answered Yes, please give details.**

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**30 Are you presently receiving physical therapy?**     Yes     No

**Section 9 – About Your Medical History**

**31 Is there a family history of any of the following medical conditions?**

- |   |   |
|---|---|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Diabetes                 |
| <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Early menopause          |
| <input type="checkbox"/> Cancer         | <input type="checkbox"/> Other medical conditions |

*If Other, please give details.*

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**32 Have you had major surgery in the last 10 years?**     Yes     No

*If Yes, please give details.*

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**33 Have you had minor surgery in the last 2 years?**     Yes     No

*If Yes, please give details.*

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**34 Please tick any of the following for which you have been diagnosed or treated by a physician or health professional.**

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Diabetes      |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Heart problem |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Chest pains   |
| <input type="checkbox"/> Other               |  |

*If Other, please give details.*

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**35 Tick all medicine taken in the last 6 months.**

- |  |   |
|--|---|
| <input type="checkbox"/> Blood thinner       | <input type="checkbox"/> Diabetic medication                          |
| <input type="checkbox"/> Epilepsy medication | <input type="checkbox"/> Diuretics                                    |
| <input type="checkbox"/> Beta blockers       | <input type="checkbox"/> Other medication which might affect exercise |

*If Other, please give details.*

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**36 Tick the box if you ever experience any of the following symptoms. Do you ....**

- ever get unusually short of breath with very light exertion?
- ever have pain, pressure heaviness or tightness in the chest area?
- regularly have unexplained pain in the abdomen, shoulder or arm?
- ever have severe dizzy spells or episodes of fainting?
- regularly get lower leg pain during walking that is relieved by rest?
- ever feel "skips", palpitations or runs of fast beats in your chest?

**37 Please list any health problems you suffer from, not already mentioned.**

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**38 Are you currently pregnant or have you given birth in the last 12 months?**

Yes       No

**Declaration:-**

**I confirm that to the best of my knowledge the information given within this document is correct, and understand that it will be treated with strictest confidence by Evolution PT (and by those acting for and on behalf of Evolution PT) for services that I may wish to engage in now and in the future.**

**In signing this form I confirm that I have read, understood & completed this questionnaire. Any questions I had have been answered to my satisfaction. In the event that I am required to seek my doctor's advice prior to commencement of an exercise programme, I agree to contact my doctor and take responsibility for obtaining written permission before starting any exercise programme. I understand that I am responsible for monitoring myself throughout the exercise programme and that if any unusual symptoms occur, I will cease participation and inform my doctor of these symptoms.**

**I confirm that the answers given in this document are true and accurate to the best of my knowledge. I undertake to notify my instructor at once if any answers to the questions change. I am aware that physical activity can be hazardous and there is a risk involved. I acknowledge that I participate at my own risk and take full responsibility for my actions.**

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

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



## CLIENT CONTRACT

This document provides a summary of the services and terms of Personal Training agreed between this client and the provider, Evolution Personal Training Ltd.

- The client hires the trainer to provide an exercise and training programme designed to assist the client in attaining the goals desired within their lifestyle, as mutually agreed between the client and the trainer. The programme is offered in terms of the knowledge, advice and support of the trainer to guide the client to self-attainment of the purpose and goals. No responsibility or guarantee of specific results is offered by the trainer.
- The fee for the training service is £                      per hour or parts thereof if agreed by mutual appointment. The session rate will be fixed for all contracted sessions. The fee is due in full prior to commencement of the contracted number of sessions.
- The client agrees that the provision of training and associated services of Evolution or one of its training staff or agents, remain exclusive to Evolution and not the trainer or agent. The client nor the trainer shall not, during registration to Evolution under this Agreement nor without the prior written consent of Evolution during the period of twelve months following termination of registration (howsoever caused) directly or indirectly whether on their own account or on behalf of any other person or through any other person, endeavour to entice away from the company or solicit any business of any kind from Evolution.
- In respect to the above clause immediate dismissal will arise for the trainer and compensation sort legally in respect to Evolution's loss of potential earnings from both the client and the trainer.
- **Notification of cancellation is requested at least 24 hours in advance of the appointed time** to incur no charge. Late, i.e. less than 24 hours, notification of cancellation incurs a full session charge.
- Sessions will run from the appointed start time to the appointed finish time. Allowance for lateness of the client or interruptions caused by the client are not provided for. Exceptional circumstances are assessed solely at the trainer's discretion.
- In the event of a medical condition or other long-term circumstances preventing completion of all contracted sessions within the timeframe of three months, the client may request an extension of the contract for up to six months. Alternatively, any remaining sessions may be transferred to another client. No refund will normally be made.
- In the event of the trainer being unable to fulfil provision of the service for the contracted period, an alternative trainer will be provided. In Certain circumstances a full refund will be made to the client.
- In the event of inclement weather preventing outdoor elements of any programme, suitable indoor alternatives will be suggested. The client is expected to provide clothing suitable to pursue agreed outdoor activities in a range of weather conditions other than unusually adverse.
- The client will adhere to a conventional or modest standard of attire appropriate for exercise and general activity for sessions as will the trainer. Appropriate footwear in good condition is deemed essential.
- The client is informed that the programmes of strength, flexibility and aerobic conditioning involve risks of injury and in extreme cases death. The trainer seeks, through appropriate training and due diligence to health and safety issues, to avoid and minimise risks at all times be cannot be held responsible for injuries incurred as a result of the exercise programme when all reasonable care has been taken to avoid risk. The client willingly undertakes the programme recognising such risks.
- The client is responsible and committed to making all feasible, necessary positive changes to realise the purpose and goals of the programme.
- As a result of embarking upon the Personal Training schedule with Evolution, both the client and trainer are deemed to agree to this contract.

Signed and dated (Client) .....

Signed and dated (Evolution) .....



## Section 10 – Fitness Testing Results

Name.....

<b>Date</b>				
Weight				
Height				
Blood pressure Sys/Dias				
RHR Resting Heart Rate				
<b>Body Circumferential</b>				
Left Arm				
Right Arm				
Left Leg				
Right Leg				
Waist				
Hips				
Chest (Males)				
<b>Body Composition Skinfold</b>				
Triceps				
Biceps				
Sub Scapula				
Supra Iliac				
BODY FAT TOTAL (mm)				
<b>Body Fat Percentage %</b>				
<b>Lung Function</b>				
PFER				

### *CP Test*

Minute	Level	Heart Rate	Minute	Level	Heart Rate
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		