



Good2Grand Client Information Questionnaire

Congratulations on taking the first step in improving your body, health and fitness. To help give me a better understanding of your background, lifestyle, health, exercise history and what you want to achieve by training with me, please answer as many of the following questions as you can.

Let's get the basics...

Title: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Address:

Street No and Name _____

Suburb _____

Postcode _____

Phone: _____

Email: _____

Occupation: _____

Emergency Contact Name: _____

Emergency Contact Number: _____



Now tell me a little bit more about yourself, your exercise history and fitness future:

What is your height? _____

What is your current weight? _____

Have you ever been a member of a gym?

If yes, which gym? _____

Have you ever used a personal trainer before?

If yes, were you happy with the personal trainer? _____

What do you enjoy about exercise (if anything)? _____

What exercise (if any) do you do currently? _____

When was the last time you exercised? _____

What have you found in the past is the main thing that has put you off track or undermined exercising?

Name your top 3 short-term fitness goals (within 3 months) in order of importance:

1. _____

2. _____

3. _____

Name your top 3 long-term fitness goals (3 to 12 months) in order of importance:

1. _____

2. _____

3. _____



Now I need to know your health history in case you need the OK from your doctor...

Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?

Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?

Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?

Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?

If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?

Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?

Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?

If you answered yes to any of the above questions, please see your doctor/medical professional to get the all clear before undertaking any physical activity/exercise.



Just some other health questions to be on the safe side...

Do you have a family history of heart disease?

Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months?

Have you been told that you have high blood pressure?

Have you been told that you have high cholesterol?

Have you been told that you have high blood sugar?

Have you spent time in hospital (including day admission) for any medical condition/ illness/ injury during the last 12 months?

Are you currently taking a prescribed medication for any medical conditions?

Are you pregnant or have you given birth within the last 12 months?

Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity?

If yes, please specify any issues you have _____

Are there any other issues that may affect your training which have not already been stated previously? _____

Again if you answered yes to any of the above I may need you to get the all clear from your doctor/physio so I know you are all good to train



Now let's find out what training you are after..

What is your work/study schedule (days and times)?

	Start time	Finish time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

How many times a week would you like to train?

1/2/3/4/5+

How much time per session did you want?

Where do you prefer to train?

If you answer "Other", where do you prefer to train? _____

If you want to train outdoors, what location suits you best?

What type of training would you like to do?

When would you be available to train?

	Start time	Finish time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____



What types of exercise would you like to focus on? _____

Is there any exercise you don't want to do? _____

How would you rate your nutrition (1 poor and 10 is excellent)?

Do you feel you need help with your nutrition?

How did you hear about Good2Grand? _____

Why did you contact Good2Grand? _____

What day and time would you like your free consult? _____

Do you have any questions for me? _____

*Thank you for taking the time to fill out this questionnaire.
Please email this form to
michelle@good2grand.com.au - I will be in contact with you to schedule your free consult.*