



P: 0411 158 972 E: info@peakfitness.net.au P/F: 5242 8912 W: www.peakfitness.net.au
Office- 244 La Trobe Terrace, Geelong West
Postal- PO Box 2033, East Grovedale, 3216

PRE EXERCISE QUESTIONNAIRE

PERSONAL DETAILS

Name: M / F DOB:/...../.....

Address: Post Code:

Phone: (Home)..... (Mobile).....

Email:

Occupation:

Emergency contact:

Full Name: Contact number:

Would you like to receive our monthly newsletter (email required)? YES NO

Where did you hear about our programs (please circle or highlight)?

CAME WITH EXISTING PFC CLIENT (client's name):

SCHOOL NEWSLETTER (school name):

WORD OF MOUTH (person's name):

SAW YOUR VEHICLE RECEIVED EMAIL

LETTER DROP PRINT ADVERTISEMENT

WEBSITE/FACEBOOK RECEIVED VOUCHER

OTHER:

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HEALTH HISTORY

Do you have medical clearance from a doctor to participate in physical activity?

If you are over 40 years of age this is mandatory YES NO

Do you have diabetes? YES NO

Do you have epilepsy? YES NO

Do you have asthma? YES NO

Do you have a heart condition? YES NO

Have you ever had a stroke? YES NO

Are you currently pregnant? YES NO

If yes, how many weeks?

Have you had surgery in the past year? YES NO

If yes, what for?

Do you often feel faint or have spells of dizziness? YES NO

Do you smoke? YES NO

Do you have high blood pressure? YES NO

List any medications you are currently taking (dosage, frequency & reason):

.....

Do you suffer any bone/joint/muscle problems? YES NO

Details if yes:

.....

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Are there any other physical reasons that prevent or limit you from participating in an exercise program? YES NO

Details if yes:

.....

Participant consent: In case of emergency, I authorise Peak Fitness Challenge to contact the nearest doctor/hospital and organise any medical attention on my behalf. I accept responsibility for any costs incurred and release Peak Fitness Challenge and its employees from any liability for injury incurred during the personal training program.

Name: Signature: Date:/...../.....

GOALS & EXERCISE HISTORY

Are you currently involved in any cardiovascular activity (e.g. jog, ride, swim)?

YES NO

If yes, what type and how often?

.....
.....

If no, what cardiovascular activities do you enjoy?

.....

Are you currently involved in any resistance training (e.g. weights training, "pump" classes)?

YES NO

If yes, what type and how often?

.....

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If no, have you ever done any resistance training?

.....

Do you participate in any other form of regular activity/training/exercise?

YES NO

If yes, what type and how often?

.....

How much time per week do you currently allocate for exercise (e.g. 3 times a week for 1 hour)?

.....

How much time per week could you allocate for exercise?

.....

Have you ever set a fitness or weight loss goal and failed to achieve results? YES NO

If yes, what factors got in the way of you achieving results (e.g. time, sticking to a routine)?

.....

.....

In regards to a healthy lifestyle what are your biggest weaknesses (e.g. watch too much TV)?

.....

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What specific health and fitness goals would you like to achieve and by when (e.g. run 5km after 10 weeks of training or lose 8kg in 16 weeks or improve posture and relieve shoulder pain in 10 sessions)?

You can have just 1 goal or as many as you want. To help you set goals use the SMART model.

S= specific M= measurable A= attainable R= realistic T= time based

GOAL #1:

I want to be able toin.....sessions/weeks/months
and will measure my progress/achievements by
Upon reaching this goal I will reward myself by

GOAL #2:

I want to be able toin.....sessions/weeks/months
and will measure my progress/achievements by
Upon reaching this goal I will reward myself by

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