Getting to Know You

Approved and recommended by the NZ Register of Exercise Professionals.

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Thank you for taking the time to answer the following questions. Your answers will help me determine the best approach to help you reach your goals.

Name:	DOB:
Home address:	Home phone:
	Work phone:
Occupation:	Cell Phone:
Email address:	

In Case of Emergency	Phone Numbers:
Name:	

How did you hear about us/me?

	please tick	Please give details
Word of mouth		
Yellow pages		
Brochure or advertisement		
Passing by		
Web search		
Other		

Which of these health and fitness goals are important to you?

	please tick	Please give details
Become fitter		
Lose weight		
Tone up		
Manage stress		
Get stronger		
Have more energy		
Sleep better		
Be more flexible		
Anything else?		

Time factors

		Please give details
Do you have a specific time frame for achieving any of these goals?	No/Yes	
How many days a week are you willing and able to set aside to train? (including coming to see me)		
What length of exercise session suits you best?		

P.T.O.

Past exercise experience

	Please give details
What have you done in the past? (sports or recreation)	
What exercise do you enjoy?	
What don't you enjoy doing?	
How motivated on a scale of 1-10 are you to exercise regularly? (1 being not at all, 10 being incredibly motivated)	1 2 3 4 5 6 7 8 9 10
What support do you expect from me as your Registered Exercise Professional?	

Do you have any of the following medical conditions?

	No/Yes	Please give details
A heart condition		
Diabetes - Type 1 or 11		
Arthritis		
Asthma		
High blood pressure		
High cholesterol		
Epilepsy		
Osteoporosis		
Endometriosis		
Have you had any major operations?		
Have you recently been pregnant?		
Do you ever get chest pains?		
Do you ever feel dizzy?		
Do you take any medication?		
Have you smoked in the last 5 years?		

Your joints and muscles

	No/Yes	Please give details
Do you have any injuries or issues with joints or muscles in the following areas?		
☐ Ankles ☐ Knees		
☐ Hips ☐ Back		
☐ Shoulders ☐ Neck		
☐ Elbows ☐ Wrists		
Do you have any other conditions that may affect your ability to exercise?		

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: _____ Registered Exercise Professional's signature: _____

Date: _____ / _____ / _____ Date: _____ / _____ / _____

REPs register of exercise professionals