



Personal Information

Name:
Contact Number:
Email:
Emergency Contact:
Age:
Occupation : Sedentary/ Moderate / Active
Smoker/non-smoker

Medical Information:

Do you have any of the following:

- Back Problems
- Joint problems
- High Blood pressure
- Low Blood Pressure
- Diabetes
- Heart conditions
- Epilepsy
- Asthma/ COPD
- Pregnancy

If yes, Please give details:

Do you have any current injuries?
Are you currently on any medication? If yes, please give details

Exercise Habits:

How many times do you currently exercise per week?

What activities do you take part in?

Describe the intensity level of these activities: low/ moderate/ High
How long does each session last?

Have you used gym equipment before?

How would you describe your current fitness level?

1 2 3 4 5 6 7 8 9 10
Very unfit Very fit

Programme Goals:

What would you like to achieve?

Do you have a specific timescale to achieve this?

Preferences of exercise type? e.g: Weights machines, free weights, CV machines

Availability

How many days a week are you able to exercise?

How often do you plan to use programme?

How long would you like the session to last for?

What other, if any, exercise activities to you plan to continue taking part in?

Would you like to find out more information about other activities and classes within Live Life Turriff that would benefit you?