



Fitform©

Name	_____	Date of Birth	_____
Email	_____	Telephone day	_____
Address Street	_____	Occupation	_____
Postcode & City	_____	Emergency contact name	_____
Today's Date	_____	& number	_____
Body Fat	_____	BMI	_____
Weight Kg	_____	Height	_____

Goals

Short term 6-12 weeks

- -
- -
- -
- -
- -

Long term 6-12 months

- -
- -
- -
- -
- -

Have you ever had a personal sports or nutrition programme in the past? If yes please describe this and how you found the experience:

How would you describe yourself (circle one)

Highly motivated Averagely motivated Need some reminding
 Lose interest easily Demotivated

Please describe four fitness or exercise history:

- -
- -
- -
- -
- -

Are you currently exercising/dieting or on any specific programme regarding lifestyle, health and fitness? Please describe, type, hours per week, specific instructions

Thanks for your time – please continue with the medical history and sign/date this FitForm for our records.

Name/Signature _____ Date _____

NOTES/SPECIAL REMARKS:

Medical History

Please tick and make notes required if any of the following may apply or have applied to you in the past

	Allergies (list all and any medication)
	Anemia or types of iron deficiency
	Arthritis (which form if also known as Rheumatoid):
	Asthma, since when
	Blood clotting disorders
	Blood pressure (high/low) circle one
	Bronchitis
	Cancer
	Chronic Fatigue Syndrome
	Concussion/Head injury
	Depression
	Diabetes (type & when diagnosed)
	DVT- deep vein thrombosis
	Eating disorder (bulimia/anorexia etc)
	Epilepsy
	Fainting/Blackouts
	Glandular Fever or similar
	Heart/Myocardial conditions (heart attack/angina,skipped/heart beat/extra beats/papitations/abnormal ECG, other _____)
	High blood cholesterol
	Indigestion/reflux
	Pneumonia
	Rena; -Kidney/Bladder etc
	Stomach ulcers
	Stroke
	Thyroid problem or HRT
	Sudden weight change – describe: _____
	Operations, injuries/rehabilitations
	Are you currently on any medication (please list)
	Are you currently exercising at the recommendation of your doctor or specialist: Please describe: _____

Other important information:

Signed by client _____

Date _____

Print Name _____

*Please note Life's A Gym is a fitness and nutrition consultancy, it is advisable to get your doctors advice before beginning a programme. Working together is on the understanding of the above and a certificate or note from your medical practitioner may be required in some instances