



EXERCISE & PERFORMANCE  
STUDIO + CLINIC

**Personal Information**

**Date:**

Name:	Preferred Name:	
Occupation:	Hrs/week:	Retired: Y/N
Date of Birth:		
Phone:	Email:	
Address:		
Emergency contact details- Name:	Relationship:	
Phone:		

How did you hear about us? (circle/highlight)

website	google	media	friend/family	other
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**Health History**

GP:	Contact:
Related Health Professionals:	
1.	Contact:
2.	Contact:
Are you happy for Summit Performance coaches to update your practitioner & Health professional to advise on your health& fitness training progress?	

Have you ever been told by your doctor to avoid any type of exercise or strenuous physical activity?

Yes	No
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What was the reasoning?


Do you have type 1 or type 2 diabetes?

Yes	No
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If yes, please give details:


Do you or does anyone in your family have a history of:

Heart attack	Myocardial infarction
Angina	Stroke
Any other cardiac condition	



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If yes, please give details:


Are you on blood pressure medications?

Yes	No
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If yes, please give details:


Are you on any medications that could affect your ability to exercise?

Yes	No
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If yes, please give details:


Do you have any allergies, medical conditions or any other circumstances that could influence your ability to exercise?

Yes	No
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If yes, please give details:


**For Women only:**

Are you currently pregnant?

Yes	No
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If yes, please indicate at what stage:


Do you have any complications related to pregnancy or childbirth that may impact on your ability to engage in exercise?

Yes	No
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If yes, please give details:


**Injury History**

Do you have any **current** injuries?

Yes	No
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If yes, please give details:




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Do you have a **history** of any injuries related to:

Head	Neck
Shoulders	Back
Elbows	Wrist and hands
Hips and pelvis	Knees
Ankles and feet	Other

If yes, please give details:


**Training requirements**

How would you describe your current level of physical activity, including home life, work and recreation?

Very active	Moderately active
Not very active	Inactive

Please describe your history of participation in sport (if any):


Please list your current exercise regime:

Type	Sessions/week	Duration(mins)
Stretching/Yoga		
Cardio/Aerobics		
Strength		
Pilates		
Leisure (golf /tennis etc..)		

Have you previously attempted to improve your health and fitness, and/or lose weight?

Yes	No
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If yes, please give details:


If yes, what has prevented you from achieving and/or sustaining your goals?




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Have you previously had individual or team sport performance goals?

Yes	No
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If yes, please give details:


If yes, how did they play out?


Rank your goals (circle 1, 2 or 3) before starting @ Summit Performance

	Not important	Somewhat important	Essential
Body-fat loss (weight loss)	1	2	3
Improved cardiovascular fitness	1	2	3
Reshape or tone body	1	2	3
Build muscle	1	2	3
Improve flexibility	1	2	3
Improve performance for a specific sport	1	2	3
Improve moods & ability to cope with stress	1	2	3
Increase energy level	1	2	3
Feel better, positive attitude	1	2	3
Ensure my workouts are fun	1	2	3
Exercise safely and with proper form	1	2	3
Maintain my workout consistency	1	2	3

What is your number 1 goal?


What do you think you will need in order to successfully achieve this goal?

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What do you think your biggest challenge will be in meeting this goal?

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In your own words, please describe how you would like to improve the way you look, feel, move and live:




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What do you hope to achieve in your visit to Summit Performance?


In your own words, please describe why your current goal is important to you:


Are you wanting to undertake Personal Training OR Group based (TRIBE) training? Or both?  
If so, how frequently/week?


I agree that all the information contained in this form is correct to the best of my knowledge.

Yes	No
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I agree to cease training and inform Summit Performance and its coaches upon any changes to my health situation that may affect my ability to safely engage in exercise

Yes	No
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Signature:

Print full name:

Date: