



Exercise & Performance
Studio + Online

Personal Information

Date:

Name:		Preferred Name:	
Occupation:		Hrs/week:	Retired: Y/N
Date of Birth:			
Phone:		Email:	
Address:			
Height:	Weight:	Body fat% estimate:	
Emergency contact details - Name:			Relationship:
Phone:			

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

Website	Google	Facebook	friend/family	other
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What's your favourite book? Movie? TV show? Podcast?

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Do you have a favourite quote?

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Health History

Do you have type 1 or type 2 diabetes?

If yes, please give details:



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

Heart attack	Myocardial infarction
Angina	Stroke
Any other cardiac condition	

If yes, please give details:

Are you on any medications that could affect your ability to exercise? If yes, please give details:

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

If yes, please give details:

For Women only:

Are you currently pregnant?

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? If yes, please give details:

Injury History

Do you have any current injuries?

If yes, please give details:

Do you have a history of any injuries that may impact on your ability to engage in exercise?

Training & Performance history

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



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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/Running		
Strength/Gym		
Core work/Pilates		
Leisure (golf /tennis etc..)		

Are you interested in Personal Training?

Are you interested in small group training?

Both?

Are you interested in running?

If so, what is your best 5k run time?

Have you completed a half marathon? If so in what time? What was the hardest part?

Have you completed a marathon?

Do you have a best effort (kg's or repetitions) for:

Squat?

Overhead press?

Deadlift?

Chin ups?

Other?



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What days of the week can you train and how many hours per week can you train?

Briefly describe your 3 month goals:

If we met here 3 months from today..looking back what has happened for you to feel happy about your progress?

In an ideal world, can you describe what kind of shape you'll be in in 3 years?

What do you think your biggest challenge is in meeting your goals?

Why do you think we can specifically help you achieve your goals?

What do you think our coaching services can help you achieve?

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

Yes

No

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: