

**Health & Fitness Assessment**

**PERSONAL DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | DOB | |  | |
| Email: | |  | | | Mobile: | |  | |
| Address: | |  | | | Referred By: | |  | |
| Spouse’s Name | |  | | | Children | |  | |
| Occupation | |  | | | Would you be interested in receiving a newsletter every 3 months on your fitness goals? | |  | |
| Who do you know that would also be interested in my services? You also have the option to provide this name once you have achieved your results and are happy with the service you received. Please indicate if this is what you prefer. | | | | | | | | |
| Name: |  | | Email: |  | | Phone: | |  |

**PAST AND PRESENT MEDICAL SITUATION**

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| Are you presently under the care of a physician? If so, explain: |
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| Please list any medications, vitamins, or other supplements that you take: |
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| Do you have any allergies? |
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| Do you have or have a family history of any of the following conditions? | | | | |
| Condition (answer with a Y or N) | You | Y/N | Family Member | Y/N |
| High/Low Blood Pressure |  |  |  |  |
| Joint or Bone Condition/Injuries |  |  |  |  |
| Chest Pain Associated with Exercise or Stress |  |  |  |  |
| Acute or Chronic Chest Pain or Pressure |  |  |  |  |
| Heart Attack or Heart Palpitations (rapid heart rate) |  |  |  |  |
| Diabetes |  |  |  |  |
| High Cholesterol |  |  |  |  |
| Asthma |  |  |  |  |
| Osteoporosis |  |  |  |  |
| Frequent colds (more than twice a year) |  |  |  |  |

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| Are there any other medical or other reasons why you believe it may be unsafe for you to start a regular exercise and/or nutrition program?  How did you first learn about Fitness To a Tee e.g. by seeing an image on Facebook, through a friend, Google search etc?  What qualities about Fitness To A Tee make you think that you may want to work with Tee your Personal Trainer? |
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**CURRENT PHYSICAL CONDITION**

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| Current Weight/Height: |  | Your Weight 2 yrs ago: |  |
| Employment: Active / Sedentary |  | Target Weight: |  |

**HEALTH & FITNESS GOALS**

\*\*Highlight relevant goals

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| --- | --- | --- |
| LOSE BODY FAT | BUILD MUSCLE | HEALTHY LIVING |
| LOSE INCHES | LESS STRESS | TONE / FIRM UP |
| GAIN WEIGHT | CARDIOVASCULAR | STRENGTH |
| ENERGY | EDUCATION | REHABILITATION |
| OTHER: | | |

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| Have you ever been on a diet? If so, how many times and what did it/they involve? |
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| Was it/were they successful and why? |
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| Please describe your present exercise regime or even what you have done in the past including sets, reps and your max weight lifted if you used weights. If you need to you can add more under this box. (weight training, cardiovascular, aerobics, yoga, etc.) | |
| MONDAY- |  |
| TUESDAY- |  |
| WEDNESDAY- |  |
| THURSDAY- |  |
| FRIDAY- |  |
| SATURDAY- |  |
| SUNDAY – |  |

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| Do you have any particular exercises you like/dislike?  Like:  Dislike:  Do you have any particular foods you like/dislike and/or that you are allergic to?  \*\*Please start a 3 day food diary from the morning after you return this form to Teurai. Note down anything eaten including drinks and small items like chewing gum. Eat as you normally would so Teurai can get a true reflection of your eating habits & help you with your results more. **Email food diary in a Word or Excel doc to** [**fitness@fitnesstoatee.com.au**](mailto:fitness@fitnesstoatee.com.au) **OR you can take a picture of what you’ve written and send it through to Tee at 0410 981 666.**  **\*\*Ignore this if you are not taking up a meal plan.\*\*** |

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| Do you have any specific questions that you would like to ask Teurai about health and fitness, or the attainment of your fitness goals?  Why do you have the goals you have indicated above i.e. what is your inner why? What is it that bothers you about your tummy right now.  How committed are you to achieving your results? Remember that getting results takes hard work and consistency but we will have as much fun as humanly possible together along the way!  What do you think could possibly stop you from achieving results? E.g. poor time management, too much alcohol etc.  List the top 2 reasons why you feel your health and fitness are important at this stage of your life?  On a scale of 1 – 10 how important is your health and fitness to you? |
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| How do you feel Teurai can best help you e.g. encouragement, pushing you beyond your limits, education etc?  You have a few choices in terms of how you receive your exercise program over the duration of the program. You are also allowed to change to another option of delivery after the initial 3 weeks. Please highlight which method of delivery you prefer below. Remember that whatever method you choose – Tee will be in constant contact with you throughout the program, so you will always have support.   1. Access to your workout videos via YouTube where you see Tee showing you the exercises, along with technique. Tee shows you how to do 1 exercise, then moves onto the next exercise. You then receive an email informing you of the reps, sets etc that you must do. This is great if you are self-motivated as long as you are told what to do. 2. Access to your workout videos via YouTube **BUT** with Tee going through the whole workout with you from start to end. These videos will typically be at least 45mins long and may not be suitable to use in the gym, but better to use at home. This is a great option if you are a total newbie to exercise and need someone to hold your hand to start you off. 3. Access to your workout videos via the Fitness To A Tee phone app. Tee designs your program and you can access your workout videos which show you the technique in 30secs – 2mins bite size videos to help jog your memory. Some of the videos may not be Tee showing you the exercise. Tee will input all your sets, reps explanations into the app. This is great for someone who wants bite size videos, doesn’t mind *not* seeing Tee whilst knowing that Tee has designed their program, and for someone who wants the choice of using the gym and/or home environment. |
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