

# Getting to know you



Name:

Address:

Phone:

mobile:

E-mail address:

Occupation:

Birthday:

I. How did you hear about me?

II. What are the areas you would like to work on?(tick-add details separately)

Muscular strength

Sports specific

Muscular endurance

Weight management

Toning / Sculpting

Muscle gain

Core strength

Posture

Cardiovascular fitness

Stress relief

Balance and coordination

Immune system

III. Do you suffer from? (Please tick - add detailed info separately)

Cardio vascular conditions

Eating disorders

Joint/ back problems

Mental stress

Respiratory problems

Emotional stress

Addictive behavior

Allergies/Sinuses

Diabetes

Insomnia/ sleeping difficulties

PMT Menstruation pain

OTHERS?

Medication / Supplements:

Medical history

VI. How many of these do you enjoy a week? (Please tick - add amount)

Alcoholic drinks

Coffee/Tea

Energy /pop drinks

Junk food/ take aways

Chocolate bars/crisps

bite fingernails

How many glasses of water do you drink a day?

VII. The three biggest goals in mind? (Please give details on next page)

Number 1

Number 2

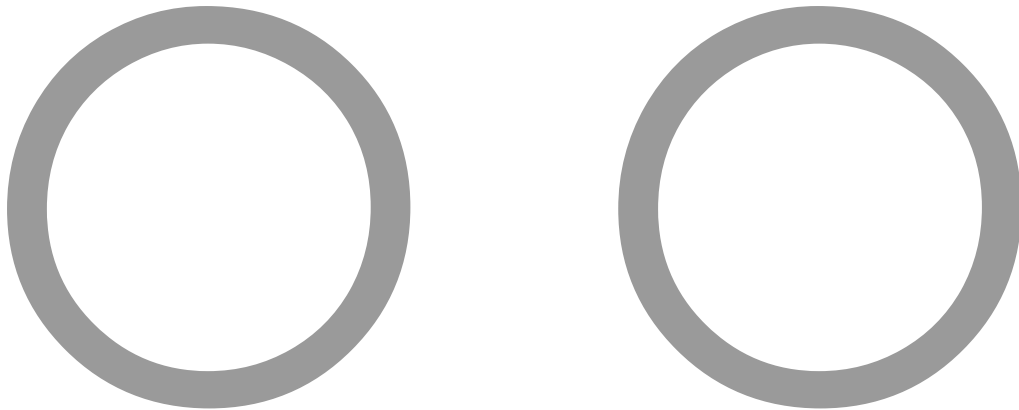
Number 3

## Set you goals!

Describe your Physical, Mental and Emotional goals in detail on a separate page(vividly) like a wish list – shoot high  
And how would achieving them change your life?

## Energy chart:

Where does your main energy output 1.go to and where would you 2.like it to go to in the future  
(make a cake-diagram with percentages)



## Network:

Who are the people supporting you in you lifestyle change – are there people in the way if your success? (Separate page please)

## Are you prepared to practice a minimum of 15 min, 5 times a week?

What is the best or most realistic times of the day when you have space and focus for your development?

*Are you ready to commit to your development?*

**Please note:** There is a 24hr cancellation policy for each booked appointment

\_\_\_\_\_ *your Signature*