

**Consultation Form**

Name/s: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ PCode: \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

**Marketing:** Signage Referral PB Website Newspaper Bartercard Flyer Networking Group Seminar Promotion  
 Gift Voucher Lead box Shopping Tour Local Business Other \_\_\_\_\_

**Client #1 Goal:** \_\_\_\_\_

**Reason/s (Why this goal - Emotionalise!)** \_\_\_\_\_

**What has kept you from starting sooner?** Work, procrastination; family commitments; money; time; transport; injury; other

**Are these reasons still a problem?** Yes / No **Do family & friends support you in starting an exercise program?** Yes / No

**Current Activity** (Type, frequency, duration) \_\_\_\_\_

**Past Activity** \_\_\_\_\_

**Have you had a personal trainer before?** Yes / No **Why did you stop?** \_\_\_\_\_

**What are your expectations of personal training?** \_\_\_\_\_

**What changes (exercise/ diet) have taken place in the past 12 months?** \_\_\_\_\_

**Preferred Type of Exercise?** \_\_\_\_\_

**How often are you able to exercise?** Total \_\_\_\_\_ W/ Personal Best \_\_\_\_\_

**Location Preference:** \_\_\_\_\_ **Proposed Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Availability** (What days and times are most convenient for you?)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

**Injuries / Medical Problems:** Yes / No Specify: \_\_\_\_\_

**Medical Clearance Required:** Yes / No **Note:** If required, give client a Medical Clearance form to take to their Doctor.

*What we offer & Your Personal Best Journey (see reverse)*

**Session Preference:** PT Group Running Club **Trainer Preference (if PT):** Male / Female / Either

**Comments:** \_\_\_\_\_

Time	Day	Date	Action	Actioned By
		____/____/____	_____	_____
		____/____/____	_____	_____

## Client Consultation – What will you receive?

- A personal trainer specifically allocated to you considering your needs and availability
- Access to the PB Weight loss program and a weight loss expert
- Regular Goal setting sessions (10 weekly)
- Regular fitness assessments (10 weekly) which include:
  - Body fat and muscle mass analysis
  - Calculation of your Body Mass Index
  - Calculation of your Base Metabolic Rate
  - An assessment of your aerobic, strength and flexibility levels
- Assistance with identifying your supplementation requirements
- Access to the MyPersonalBest website which will include your:
  - Assessment results (including helpful information on your health & fitness)
  - Periodised exercise plan
  - Weekly exercise plan
  - Goal setting plan
- Skipping rope
- Adventure trips
- Assistance with exercise equipment needs
- Discounts off massage
- Referral to other health professionals (if required)
- Motivation      Education      Support