

Subjective Assessment:

Member Name: _____ Date: _____

Membership Number and Type (if upfront Inc. expiry date): _____

DOB: _____ Email Address: _____

Contact Number: _____ Trainer Name: _____

Objectives

What brought you to the gym? _____

Are there any specific activities which you would like to improve by coming to the gym? (sports, lifestyle etc) _____

What are your overall goals – what do you want to achieve, do you have a specific goal/timeline in mind?

Long Term: _____

Short Term: _____

1 Specific Goal: _____ by _____

Current Physical Activity/Exercise Levels:

<p>7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines consult figure 2.</p>				<p>Weighted physical activity/exercise per week</p>	
Intensity	Light	Moderate	Vigorous/High	<p>Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)</p>	
Frequency (number of sessions per week)	_____	_____	_____	<p>TOTAL = _____ minutes per week</p>	
Duration (total minutes per week)	_____	_____	_____		
<ul style="list-style-type: none"> • If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly. • If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels. • It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results. 					

How many times a week do you plan to come in? _____ Sessions

How much time have you dedicated for each session? _____ Minutes

On a scale of 1-10 how motivated are you? _____

On a scale of 1-10 how important is it for you to reach your goals? _____

Previous Experience

Do you have any previous gym experience? Yes/No

If yes – What sort of training have you done in the gym? (Exercises, classes etc) What training goals have you achieved previously?

Have you had a personal trainer previously? Yes/No when? _____ how long for? _____

Injuries / Barriers

Have you had any injuries, sore spots or conditions in the past that impact you being physically active? Are they recurring?

Do you currently have any? Yes / No Are you currently on any medication? _____

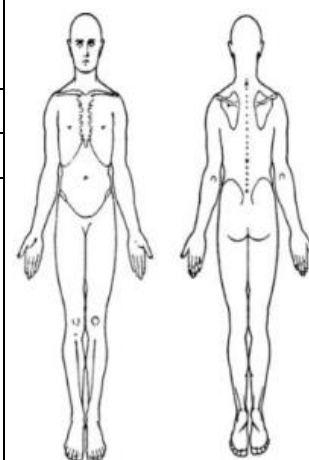
If yes, please provide more details: _____

Is there any other information you would like to share or service that we could provide? _____

Objective Assessment:

Postural Assessment – Arms by side			
Anterior	Posterior	Side View	Comment

Postural Assessment – Arms overhead			
Anterior	Posterior	Side View	Comment



Objective

Assessment (cont.)

Movement Assessment – Select relevant assessment							
Squat (knee dominant)				Horizontal Push			
Static Lunge		(lower limb unilateral)		Horizontal Pull			
Hinge (Hip dominant)				Vertical Push			
Bird dog (4-point)				Vertical Pull			
Core strength (Sharman)	Yes	No	Comment	Core Strength (Plank)	Yes	No	Comment
Maintain Flat Back				Body in straight line			
Full ROM				Hips stay up			
Level Achieved				Hips tilted			
				Time achieved			

Additional Notes:

Personal Trainer ONLY

SMART GOALS

Short term		Long term
1		
2		
3		

Baseline Tests and Outcomes:

Baseline Tests and Outcomes: (if Goals Relevant)

	<i>Baseline</i>	<i>Midpoint</i>	<i>Final</i>
<i>Body Weight (kg)</i>			
<i>Body Fat %</i>			
<i>Fat Free (Muscle mass) %</i>			