

50 Plus Fitness – Personal Fitness

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www.50plusfitness.nz

Name _____ Date: ____/____/____

Address _____ Postcode _____

Tel. (H) _____ (W) _____ Mobile _____

Email _____ (please write clearly)

Date of Birth ____/____/____ Age _____ Occupation _____ Marital Status _____

What is your reason for wanting to improve your fitness now? _____

Current treatment – drugs, vitamin supplements, herbs, etc _____

Symptoms – Please **circle/highlight** any symptoms experienced more than once a month

Indigestion/reflux	Neck/Shoulder pain	Anxiety
Bloating	Back pain	Allergic reactions
Constipation	Swollen/painful glands	Asthma
Cold hands/feet	Fatigue	Fainting / Dizziness
Skin problems	Frequent urination	Joint pain
Muscle pain/weakness	Females–Painful periods / PMT / Hot flushes / Absent periods	
Headaches	Nausea	Panic attacks

Informed Consent

This is not a medical practice. I have been advised that Charlie Wong and any other practitioners are not medical practitioners and do not practice or prescribe allopathic medicine (medical drugs). Charlie is a personal trainer and exercise coach.

Signed _____

Date _____

How did you find out about us (please circle/ highlight)

Clinic sign Local paper Friend Internet Flyer Other

P.T.O

Please complete questions as thoroughly as possible as it's a great help to plan your Fitness journey.

What is your current activity level. _____

Is there anything that may impact on you exercising. _____

What barriers ,if any do you think you have to getting fit? _____

How long are you prepared to give to personal Training before you see a change? _____

Please give any additional information that you feel could be relevant and useful. It can be something small or even you may feel it's not really connected but you can share with me.- _____

Rate the following conditions: _____

On a scale of 1- 10 how would you rate your diet? _____/10

On a scale of 1- 10 how would you rate your stress levels _____/10

On a scale of 1- 10 how would you rate your energy levels. _____/10

How much water do you consume each day? _____

How many hours of quality sleep do you get each night. _____