CLIENT INTERVIEW FORM
NZIS ONLINE

NEW ZEALAND INSTITUTE OF SPORT
Guided by NZMA

Kia ora!

This document is to be used to gather information about a new client's health history, fitness goals, nutrition and lifestyle habits in order to design a customised workout plan.

GENERAL

Client name:

Consultation date:

First training session date:

MEDICAL HISTORY

Name:						
Date of Birth:			Age:			
Sex:	**Female**	☐	**Male**	☐	**Other**	☐
Preferred contact number:			Email:			
Preferred contact method:	**Text**	☐	**Call**	☐	**Email**	☐
Occupation:						

CLIENT INTERVIEW FORM
NZIS ONLINE

EMERGENCY CONTACT INFO

Emergency Contact Name:	Phone:
Physician:	Contact Number:

Did your Physician recommend you start an exercise program?	**Yes**	☐	**No**	☐

MEDICATIONS

Please list any Medications that you are taking.
- Include non-prescription medications and Vitamins/ Supplements
- Include how long you have been taking them

GENERAL HEALTH

Do you smoke?	**Yes**	☐	**No**	☐
If yes, how many per day?				
Do you want to quit?	**Yes**	☐	**No**	☐

CLIENT INTERVIEW FORM
NZIS ONLINE

MEDICAL CONDITIONS

Have you ever suffered or do you currently suffer from any of the following?:

	Yes	No		Yes	No
Angina	☐	☐	Heart problems	☐	☐
Arthritis	☐	☐	High cholesterol	☐	☐
Asthma	☐	☐	Diabetes	☐	☐
Chest pain	☐	☐	High/Low blood pressure	☐	☐
Chronic illness (Cancer)	☐	☐	Joint Pain	☐	☐
Diabetes	☐	☐	Palpitations	☐	☐
Dizziness/fainting	☐	☐	Rheumatic fever	☐	☐
Epilepsy	☐	☐	Shortness of breath	☐	☐
Frequent colds	☐	☐	Stroke	☐	☐
Headaches/Migraines	☐	☐			

Provide details if applicable:

MEDICAL CONDITIONS

	Yes	No		Yes	No
Heart attack	☐	☐	Congenital heart disease	☐	☐
Heart operation	☐	☐	High cholesterol	☐	☐

Please list any other medical conditions:

CLIENT INTERVIEW FORM
NZIS ONLINE

PAR-Q (Pre-Exercise Readiness Questionnaire)

Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor before becoming more physically active.

	Yes	No
Has a Doctor ever told you, that you have a heart condition? Or have you ever suffered a stroke?	☐	☐
Do you ever experience pains in your chest at rest or during physical activity/exercise?	☐	☐
Do you take any Medication for a Heart Condition or Blood Pressure?	☐	☐
Do you lose your balance because of dizziness or do you ever lose consciousness?	☐	☐
Do you have any muscle, bone or joint problems that could be made worse by participating in exercise?	☐	☐
Are you Pregnant or have you recently been pregnant?	☐	☐
Do you have any other medical or physical condition(s) that may affect your ability to be physically active	☐	☐

CLIENT INTERVIEW FORM
NZIS ONLINE

DECLARATION

- I understand that I take part in any fitness test program entirely at my own risk and waive any legal recourse to damage to myself or property arising from my participation.
- I acknowledge that when undergoing any form of physical activity, it can involve the possible risk of injury and/or damage.
- I agree that by undertaking any physical activity I personally assume the risk of injury that may occur and release all employees of all liability caused by injury whilst participating in one or more of their sessions
- In signing this form I confirm that I suffer from no predisposed and or undisclosed physical or medical condition which may be aggravated by my use of physical activity.
- I consent to receive medical treatment in case of injury, accident or illness

DECLARATION:
I have read and understand the above information and confirm that the particulars are correct

Date:

Signature:

CLIENT INTERVIEW FORM
NZIS ONLINE

LIFESTYLE QUESTIONNAIRE

Do you drink Alcohol?				**Yes**	☐	**No**	☐
If yes, how many glasses on average per week?							
How much water do you drink per day?							
Do you drink soft drink?				**Yes**	☐	**No**	☐
How do you take your coffee?							
How would you consider your Diet?							
Poor	☐	**Need help**	☐	**Healthy**	☐	**Strict**	☐
Do you know how many Calories you consume?							
Yes	☐	**No**	☐	**Sometimes**			☐
Do you read Nutrition Labels on the foods you consume?				**Yes**	☐	**No**	☐
What are your main concerns with your Nutrition?							
Do you eat breakfast daily?				**Yes**	☐	**No**	☐
If yes what would be a typical breakfast?							
Do you cook?				**Yes**	☐	**No**	☐
How many times a week do you eat Takeaways?							
Do you take a packed lunch to work or buy lunch at work?							
Take a packed lunch			☐	**Buy lunch**			☐

CLIENT INTERVIEW FORM
NZIS ONLINE

LIFESTYLE QUESTIONNAIRE

Are you always thinking about food?				**Yes**	☐	**No**	☐
Do you crave sugar or junk food?							
Daily	☐	**Sometimes**	☐	**Rarely**	☐	**Never**	☐
How many hours do you regularly sleep at night?							
Would you consider your sleep…							
Light	☐	**Normal**	☐	**Deep**	☐		
What time is your bedtime?							
Do you watch TV or use computer/ Phone before bed?				**Yes**	☐	**No**	☐
What is your favourite Music?							

CLIENT INTERVIEW FORM
NZIS ONLINE

GOALS

What was your main motivation to come and see me today?

Have you got any health or fitness goals that you would like to achieve?

Imagine yourself standing in the mirror, are there areas you would want to change/work on?

Why do you feel that is an area of concern?

Do you have a timeframe in mind that you would want to see results by?

Since you are making the first step would you view this fitness journey as a lifetime goal over a short-term or temporary fix?

CLIENT INTERVIEW FORM
NZIS ONLINE

EXERCISE

Are you currently doing any form of Physical Activity or exercise?

If yes, can you give a breakdown of a normal week for you?

In the past have you been active?

What types of exercise have you done?

Have you participated in any sports or team activities?

---

*Why did you stop exercising?

Is there anything that prevented you from starting sooner?

When did you feel you were in the best shape of your life?
How did you feel?

Is there any type of exercise have you done in the past that you have really enjoyed?
What did you enjoy about it?

From previous experience is there any type of training that you disliked or struggled with?

If yes, what did you dislike about it or struggle with?

CLIENT INTERVIEW FORM
NZIS ONLINE

EXERCISE

Is there any type of training that you know does not work for you? Why do you think this?

Are you confident exercising on your own?

Have you ever trained with a Personal Trainer previously? If yes, why did you stop? What did you like and/or dislike about your sessions with them?

Is there anything that you have seen or heard about that you would be interested in giving a try?

How often are you wanting to train per week? Including our sessions and your own? Which days of the week best suit you?

What time of the day do you prefer to train?

How much time can you commit to per training session?

CLIENT INTERVIEW FORM
NZIS ONLINE

LIFESTYLE

What would you say are the top three priorities currently in your life?

Are your family and/or friends active?

Do you have support from them?

What does a typical day in your life look like? How much is typically spent active? Getting to work? Kids? Dog?

How confident are you that you will work exercise into your daily schedule?

*Does your job require you to travel?

If so how often and would you usually have access to hotel gyms?

Are there any obstacles that could prevent you from training?

CLIENT INTERVIEW FORM
NZIS ONLINE

LIFESTYLE

Do you feel that making some lifestyle changes will improve your quality of life? Are you willing to make these?

Is there anyone or anything that gives you inspiration or motivation?

Tell me about your nutrition? What are your main concerns?

Would you find it hard to change your eating habits in your household?

How often would you get takeout per week?

CLIENT INTERVIEW FORM
NZIS ONLINE

SUMMARY

Is there anything else that you feel I need to be aware of?

Can I ask you a question?
How would you feel if you didn't achieve these goals you have set out for yourself today?

How motivated are you to make change and commit to achieving these goals?

Have you got any questions you would like to ask me?