



KIRWAN FITNESS

Josh Kirwan – Personal Training Form

Name: _____ Male/Female
D.O.B ___/___/___ Age: ___
Mobile Number: _____ E-mail: _____
Employer: _____
Occupation: _____
Blood Pressure: _____ RHR: _____

Do you have any injuries?

Do you suffer from any of following? Please circle.

ME	Liver/Kidney Conditions
High Blood Pressure	Digestive problems
Low Blood Pressure	Heart Condition
Diabetes	Epilepsy
Raised Cholesterol	Osteoporosis
Anxiety	Arthritis
Asthma	Cramps
Muscular Pain	

Do you smoke?

No

Occasionally

40+ a week

Are you on any medication? If yes please state.

Have you been hospitalised recently?

No

Yes

Have you recently had any surgery?

No

Yes

When was the last time you done any training?

Are you pregnant?

No

Yes

What are your goals?

Have you used Personal Trainers before?

Yes

No

Which exercise do you love?

Which exercises do you dislike?

Would you like nutrition advice?

Yes

Maybe

No

24/7 hour notice policy

To cancel or reschedule an appointment you need to contact your personal trainer 24 hours before your appointment. Cancellation less than 24 hours before your appointment a payment will still need to be made to your personal trainer.

Signature: _____

Date: _____