



## Feedback form

<b>Name:</b>		<b>Gender:</b>	
<b>Telephone No.:</b>			
<b>Email:</b>			
<b>Date of Birth:</b>			
<b>Consultation Date:</b>			
<b>PHYSICAL MEASUREMENTS</b>			
<b>Weight:</b>			
<b>Height:</b>			
<b>Waist:</b>			
<b>Blood Pressure:</b>			
<b>BMI:</b>			
<b>Other:</b>			
<b>What are your specific personal fitness goals &amp; aspirations?</b>			

<b>How many days a week can you commit to your training?</b>	
<b>How much time can you commit to each training session?</b>	
<b>Briefly describe your current eating patterns:</b>	
<b>What are your specific personal nutritional goals &amp; aspirations?</b>	
<b>Do you have any particular personal circumstances that you feel may affect your fitness programme? (if so please specify)</b>	

**What types of exercise do you currently do and how often?**

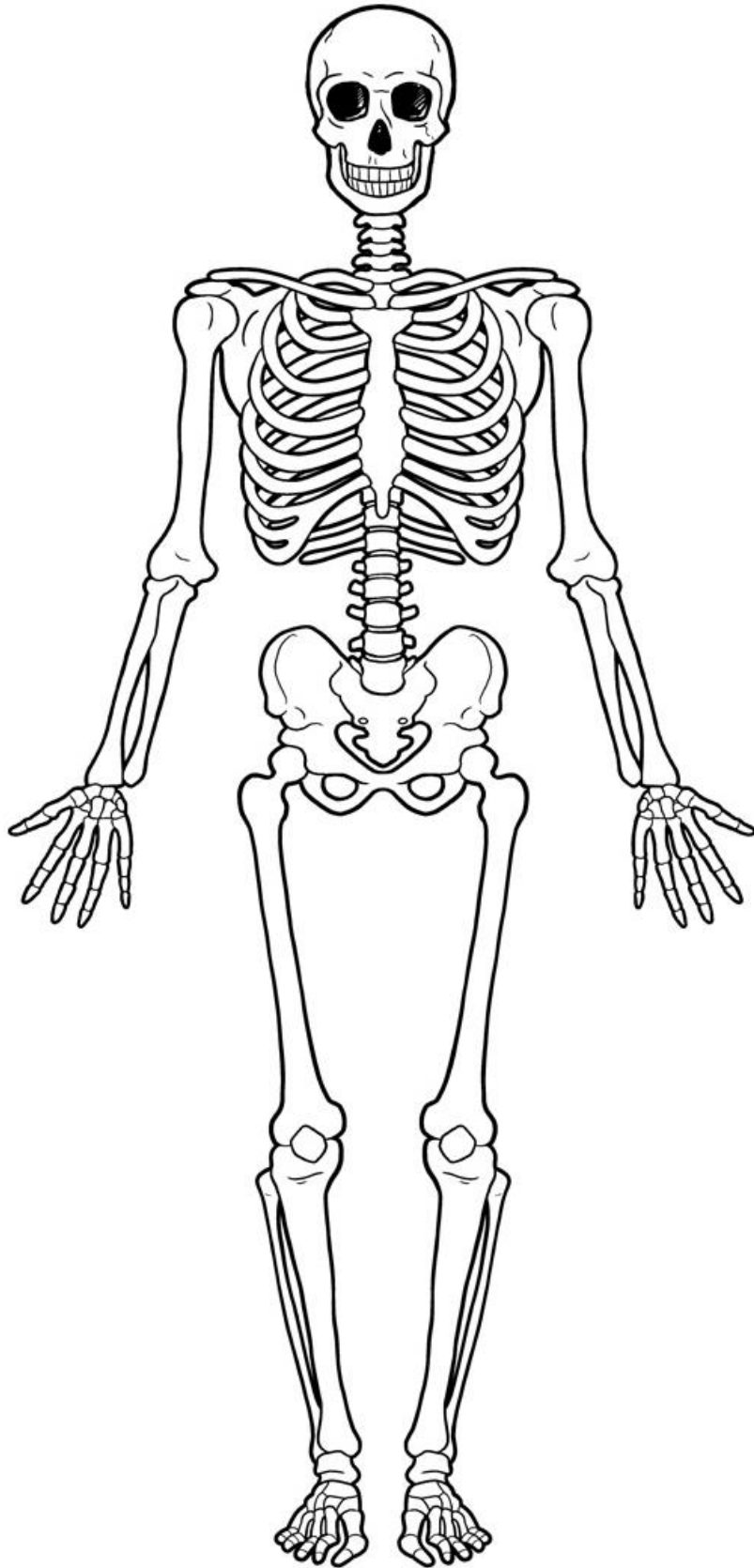
**What types of exercise do you enjoy?**

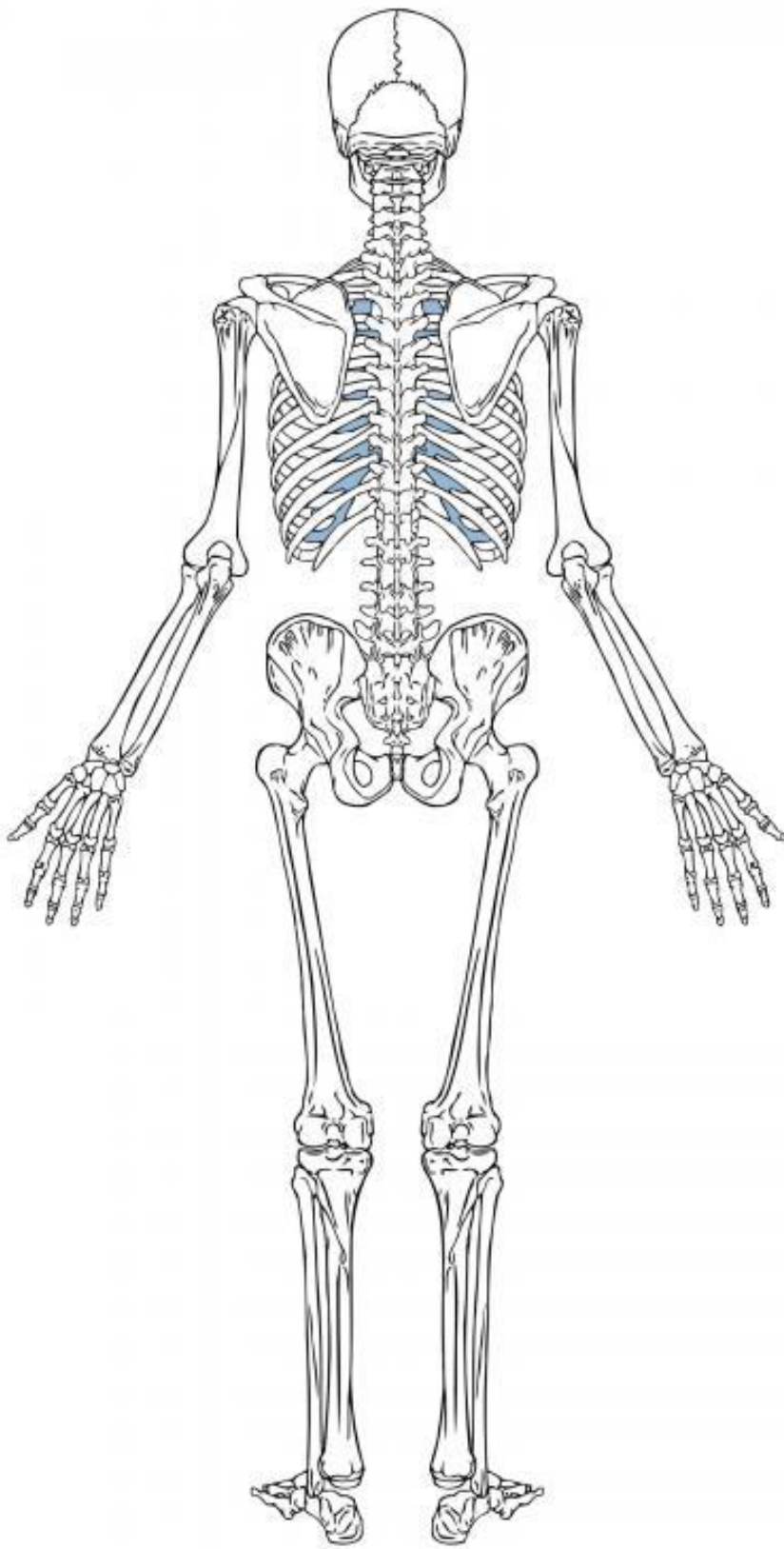
**What types of exercise do you dislike?**

**Why do you dislike them?**

**Other comments:**

On a scale of 1-10, briefly describe your levels of mobility in each joint:





**Other comments:**