**

*ONLINE CONSULTATION FORM*

*Please fill in, sign and send back with pics of you front, back and side in gym attire.*

Name:

Address:

Mobile: Email :

DOB: Occupation:

Height: Age:

CURRENT GOALS (ensure to write 3 and in order of importance)

1.

2.

3.

Which program/package are you most interested in?

How did you find out about FitAngels ?

CURRENT TRAINING SCHEDULE

Please list below your current training schedule and body part (include cardio)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MON  |  TUES  |  WED  |  THURS  |  FRI  | SAT  |  SUN  |
|   |   |   |   |   |   |   |

CURRENT EATING (List below what you would eat for ONE average day on a REGULAR basis. It must be for the past 8weeks or more not what you may have started last week)

Wake time \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| TIME  | FOOD  | DRINK  |
| *E.g. 6am*  | *2 pieces toast with peanut butter*  | *coffee & glass of water*  |

Bed time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do u sleep straight away? If not, when?

Please list your favourite treat foods or as we refer to them “fun foods” (only if enquiring about flexible dieting)

1.

2.

3.

4.

5.

How much water do you drink a day?

 Do you take any supplements? If so, please list?

 HEALTH HISTORY

 Do you have any health conditions?

 Is there any family history of any health conditions?

If you have answered yes too any of the above you are recommended to obtain a medical clearance prior to commencing your orientation or program start with FitAngels Inc.

Have you had any illnesses in the last 12months? If so give details. Y/N

Are you on any medications regular or otherwise? If yes please give details. Y/N

Do you have: if so please give details

Arthritis Y/N

Asthma Y/N

Hernia Y/N

Do you have any skeletal or joints issues? Please give details.

Neck Wrists

Back Hips

Chest Knees

Shoulders Ankles

Elbows Other

Are you consulting with a medical practitioner or have any other medical issues that we should know about or put in you file? Y/N

If yes, give details.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WITNESSED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCLAIMER

I warrant that all information on this form is true and correct. I accept that I won’t have any claim of nature against FitAngels Inc. for any illness, injury or adverse change in condition or state of health arising directly or indirectly from any exercise program carried out preparatory to or as part of any exercise program. I undertake as does FitAngels Inc. any rights granted to me by law which are not capable of change by agreement, remain unaffected by the terms of this agreement.