



Extreme Body

Body Sculpting

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

New Client Information

Instructions:

This is a client information form. Here we will ask you to provide some relevant personal information. As we offer a fully supported coaching program, the answers to these questions are essential in order to allow us to design an optimized individual fitness and nutrition plan exclusively to suit your goals and requirements.

Please answer all questions in the most accurate manner possible while being as concise as possible. Once completed, please save and email this information sheet to: apply@extremebodygym.com

Disclaimer:

Please recognize the fact that it is **your responsibility** to work directly with your physician before, during, and after seeking consultation with us. As such, any information we share with you is not to be followed without the prior approval of your physician. If you choose to use this information without the prior consent of your physician, you are agreeing to accept full responsibility for your decisions and are agreeing to hold us harmless, along with all agents, officers, employees and any affiliated companies from any liability with respect to injury to you or your property arising out of or connected with your use of the information discussed.

Basic Information:

1) What is your name?

2) Where do you live (City, Province or Town, State and Country)?

3) What is your gender?



Extreme Body

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

4) What is your age?

5) What is your date of birth (month/day/year)?

6) What is your height?

7) What is your weight (measured as of this morning)?

* If you are unfamiliar with body composition measurements, click below and download this manual for complete instructions:

<http://www.extremebodygym.com/bodycompguide.pdf>

8) What is your body fat percentage (estimation is fine if you don't know it)?

9) Please provide the following skin fold measures (in millimeters).

Abs		Subscap.	
Triceps		Suprailliac	
Chest		Thigh	
Mid-ax.			

10) Please provide the following Girth Measurements (inches or centimeters).

Neck		Chest	
Shoulder		Waist	



Extreme Body

Body Sculpting
 Specialist Body Sculpting
 & Body Toning Boutique Gym
 www.ExtremeBodyGym.com

Biceps		Thigh	
Calf			

11) What are your specific goals (rank these goals according to importance with 1 being the most important and 8 being the least)?

Improved Health		Improved Endurance	
Increased Strength		Sports Specific*	
Increased Muscle Mass		Lose Fat	
Increased Power		Gain Weight	

*If "sports specific" was selected, please provide the sport / athletic event you are training for:

12) Is there a specific timeline for achieving a specific goal?

13) On a scale of 1-10, how would you rate your level of commitment?

14) If you selected greater than 7, please explain your reasoning for doing so in less than 100 words below

15) Have you enlisted the services of a personal trainer before?

16) Have you enlisted the services of a nutrition consultant before?



Extreme Body

Body Gym

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

17) Have you enlisted the services of distance based coaching before? If so, please describe your experience below using less than 100 words.

18) In 100 words or less, please describe why you believe why you will benefit from our services below.

19) In 100 words or less, please tell us why you feel you will be successful in attaining your goals (knowing that we will provide you with the tools to succeed)

- 20) Which of the following is more important to you?
- a. Immediate progress that's less easily maintained
 - Or
 - b. Maintainable progress that may not be as rapid

Please explain below:

Training Information:

21) How would you rate your ability with the following exercises (check the box that corresponds with your ability):

Exercises:	Advanced	Intermediate	Novice	Unfamiliar
Compound Movements				
Barbell Squats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbell Deadlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbell Bench Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bent-Over Barbell Row	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbell Shoulder Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbell Hack Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Extreme Body

Body Gym

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

Olympic Movements

Snatch

Clean

22) Are you currently exercising regularly (at least 3x per week)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

-If you answer yes, continue on to question 16.

-If you answer no, continue on to question 20.

23) How long have you been consistently doing so without a break?

24) On the following chart, fill in which type of exercise you normally perform each day. Resistance training (RT); Interval cardio bouts (ICB); Low intensity cardio bouts (LICB); Sport specific work (SSW)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type of Exercise							

25) On the following chart, fill in your approximate workout duration for each day (in minutes).

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Duration							

26) Please submit your current exercise regimen along with this form.

27) If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>



Extreme Body

Body Sculpting

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

28) If you have exercised on a consistent basis previously, how long ago was this and how long did it last?

Lifestyle Information:

29) What do you do for a living?

30) What is the activity level at your job?

None	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
High	<input type="checkbox"/>

31) Does your job entail shift work?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

32) If you follow a more regular schedule, do you work days, afternoons or nights?

Days	<input type="checkbox"/>
Nights	<input type="checkbox"/>

33) How often do you travel? (Rarely; Few times per year; Few times per month; Weekly).

34) Please list the physical activities that you participate in outside of the gym and outside of work.



Extreme Body

Body Sculpting

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

35) If you have any diagnosed health problems, list the condition(s).

36) If you are on any medications, please list them.

37) What additional therapies or interventions are being undertaken for the given health problem(s).

38) If you have any injuries, please list them.

39) What additional therapies or interventions are being undertaken for the given injury(s)



Extreme Body

Body Sculpting

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

Please fill out the following timetable with your most normal daily schedule listing the time you wake up, work and have breaks, workout and go to sleep.

A.M	P.M.
12:00 - 12:30	12:00 - 12:30
12:30 - 1:00	12:30 - 1:00
1:00 - 1:30	1:00 - 1:30
1:30 - 2:00	1:30 - 2:00
2:00 - 2:30	2:00 - 2:30
2:30 - 3:00	2:30 - 3:00
3:00 - 3:30	3:00 - 3:30
3:30 - 4:00	3:30 - 4:00
4:00 - 4:30	4:00 - 4:30
4:30 - 5:00	4:30 - 5:00
5:00 - 5:30	5:00 - 5:30
5:30 - 6:00	5:30 - 6:00
6:00 - 6:30	6:00 - 6:30
6:30 - 7:00	6:30 - 7:00
7:00 - 7:30	7:00 - 7:30
8:00 - 8:30	8:00 - 8:30
8:30 - 9:00	8:30 - 9:00
9:00 - 9:30	9:00 - 9:30
9:30 - 10:00	9:30 - 10:00
10:00 - 10:30	10:00 - 10:30
10:30 - 11:00	10:30 - 11:00
11:00 - 11:30	11:00 - 11:30
11:30 - 12:00	11:30 - 12:00

Nutritional Information:

40) Exactly how much money do you spend on groceries per month (provide amounts from your last two grocery bills)?

41) How often do you grocery shop (number per week)?

42) How many meals do you eat in restaurants and/or fast food places per week?



Extreme Body

Body Sculpting

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

43) Exactly how much money do you spend on supplements per month?

44) If you have any know food allergies, please list them below.

45) Are there any other foods to which you're particularly sensitive (i.e., which cause excessively gas, bloating, stuffiness or congestion)?

46) If you're currently using any nutritional supplements, please list them (as well as the doses you're taking) below.

47) Please provide a 3-day dietary record. Be sure that these records are representative of the last few months of your dietary intake. In other words, if you just decided to get in shape 2 weeks ago and changed your diet dramatically, you should give us an indication of how you had been eating habitually prior to the recent change.



Extreme Body

Body Sculpting

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com

48) How long have you been eating in the manner recorded on your dietary record (if your answer is less than 1 month, please fill out your record according to your prior intake before this recent month)?

49) If there is any other information you think relevant to your program design, please share it with us below.

50) Please share your most frequent health, nutrition, or physique complaints and/or dissatisfactions with us.

51) It would be beneficial (although not necessary) to submit pictures along with these information sheets. While your “before” pictures may be unsatisfactory to you, you’re taking the first step right now to becoming the “after” picture.

Thank you for completing this information form!
Expect to hear back from me within the week of reviewing all you have submitted.

Yours in Good Health and Fitness,

Melody Carstairs CEO
Extreme Body P/L



Extreme Body

Body Sculpting

Specialist Body Sculpting
& Body Toning Boutique Gym
www.ExtremeBodyGym.com