



KAT-FIT Functional Training

CLIENT HISTORY FORM

Personal

Name:		Date:
Surname:		Title (Mr/Ms/Miss):
ID No.:		Age:
Occupation:		
Residential Address:		
Postal Address (Leave blank if same as residential):		
		Postal Code:
Home Number:		Work No:
Cell Number:		
Email Address:		

Medical Aid

Medical Aid:		Plan Type:
Membership No.:		
Doctor:		Contact No.:
Emergency Contact Person:		
Contact No.:		

Physical

Please indicate which, if any, of the following conditions you may have:			
Low Blood Pressure		Thyroid	
High Blood Pressure		Cholesterol	
Heart Conditions		Diabetes	
Allergies (Please elaborate):			
Injuries (Please elaborate):			
Please indicate which, if any, of the following you may be taking or have taken previously as well as the reason for taking them:			
Medication:			
Vitamins:			
Supplements:			
Fat Burners:			
Steroids:			

Would you consider using either of the following:		
Supplements		Fat Burners
Do you smoke?	How many per day?	
What is your alcohol consumption?		
Daily water intake:		
What foods do you avoid?		
		Blood type:

Training

What are your lifestyle goals?	
Which areas do you feel you would like to focus on?	
Have you done any training before?	If so, where?
Do you still have a contract with them?	
Have you entered any fitness competitions?	
If so, which categories?	
Would you be interested in competing?	
Where did you hear about KAT-FIT?	

Daily Routine

I wake up at:		
I spend this much time training:		
Meal No.	Time I Eat	What I Eat
1		
2		
3		
4		
5		
6		
7		
My pre-workout routine is:		
My post-workout routine is:		
I go to bed at:		

Weekly Training Routine

Day	Time	Workout Programme
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Preferred Training Times

Mon:	Thurs:
Tues:	Fri:
Wed:	Sat:

I, the undersigned, hereby acknowledge that I know and understand the risks involved in following a stringent exercise and nutritional programme. I also accept and agree to abide by all Terms and Conditions as provided to me by KAT-FIT before signing.

I confirm that to the best of my knowledge, the information supplied by me is true and correct and agree that should anything change which may affect my ability to train with KAT-FIT, I will notify my trainer before undertaking such training.

I hereby indemnify KAT-FIT Functional Training, as well as all employees, trainers or personnel working with KAT-FIT Functional Training against any and all claims by myself, friends or family, for any loss, damage, medical condition or injury suffered while training under their supervision or instruction, or by following their advice or programmes in consequence of any act or omission whether wilful or negligent and howsoever arising.

Signed at _____ on _____ of _____ 20_____

Full Name:

Signature

ID Number