



Gym Questionnaire

Gender:

Full name:

Date of Birth:

Contact details: Mobile & Email:

Address:

Next of Kin details: (name, phone number, address)

What is your general health like? (Circle appropriate) Average, above average, below average

If you have any pre-existing health condition please consult your GP before beginning any exercise programme

Are there any medical conditions we need to be aware of for you to use the equipment safely?

Why do you want to attend the gym? (Circle all appropriate) Lifestyle, rehabilitation, strength training, weight loss, health improvement, social environment

What time do you prefer to attend the gym? Morning, afternoon, evening

How did you hear about us?

What do you need to reach your fitness goals?

Would you be interested in attending group classes/virtual sessions?

Are you happy for your photograph to be used in promotional images or on our social media platforms? Yes no

Name: print & signature

date: