



## Personal Details & Background Form

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation \_\_\_\_\_

### Emergency Contact Details

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Sleep quality and quantity (describe)

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What exercise do you enjoy doing most?

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Describe your prior physical activity levels over the last 10 years

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Describe your current physical activity levels

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Describe in your own words how your treatment and/or condition has affected you. Think of whether you have noticed any functional changes that worry you (e.g. gait or balance issues, shoulder strength/mobility changes); any ongoing pain or general fatigue that affects physical activity levels; have any daily tasks become more challenging and/or difficult; any emotional distress and/or sleep disturbances; any lymphoedema or swelling; are you aware of any negative effects to muscle or bone health/strength or have you had any scans to assess bone health status or body composition (eg body fat percentage); any peripheral neuropathy (e.g. nerve damage) that you are aware of; are there any other physical effects that your specialist and/or GP have indicated were possibly caused/were caused by your treatment; any other issues/concerns that you think are relevant, even if you do not think they have any bearing on exercise, please include:

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Describe and outline your current diet/nutritional and any supplements you are taking:

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Please list any current medications

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

How many days per week are you prepared to exercise (either by yourself or with 1-to-1 coaching)?

\_\_\_\_\_ days/week

What are your reasons for engaging FitGreyStrong services?

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Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_