SupremeFitness Questionnaire

**Personal Details**

**1. Name:………………………..**  **Date: …./.…/……..**

**2. Gender:** Male/Female

**3. D.O.B: …./…./……..**

**4. Height: ………**

**5. Weight: ……….**

**Contact Details**

**6. Email: …………………………………….**

**7. Phone Number: ……………………………………**

**8. How did you hear about SupremeFitness?**

**…………………………………………………………**

**General**

**9. What are you reasons for training? (e.g. improve health, sport specific)**

**………………………………………………………………………………………………………**

**10. What are your fitness goals? Gain weight (Bulk), Maintain weight, Reduce weight (cut)…**

**………………………………………………………………………………………………………**

**11. What’s your training routine like at the moment? Workout type/frequency…**

**………………………………………………………………………………………………………**

**12. Whats your occupation?**

**………………………………………………………………………………………………………**

**13. What’s your diet like at the moment? Nutrition restrictions, do you count your kcals…?**

**………………………………………………………………………………………………………**

**14. How would you like to be contacted? Email, SMS, phone call, Skype…?**

**………………………………………………………………………………………………………**

**Medical Details**

**15. Do you have any illness/medical conditions? If so, explain below.**

**………………………………………………………………………………………………………**

**16. Do you have any current injuries? If so, explain below.**

**………………………………………………………………………………………………………**

**17. Do you have any food intolerance's or allergies? If so, explain below.**

**………………………………………………………………………………………………………**

**18. Are you currently taking any medication or supplements? If so, explain below.**

**………………………………………………………………………………………………………**

**19. Underline the programs you are buying…**

* **Nutrition:**

SupremeMASS

SupremeLean

* **Workout:**

SupremeWorkout

* **Transformation Pack:**

SupremeTransform

**20. Underline how you will you be paying?**

* Cash
* Cheque
* Bank Transfer
* Standing Order
* Direct Debit

I declare the information I have provided is correct and I will inform my trainer if anything changes. **YES/NO**

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

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms & Conditions**

* Payments can be paid through either Paypal, Cheque, Cash, Bank transfer.
* Program’s will be designed and sent only when the payments have been received.
* Program’s can be sent via email, postage or can be collected in person.
* You must check with your GP before taking any supplements.
* You must check with your GP before taking part in any programs.
* Program’s may take up to 3 weeks to receive after payments depending on the demands at that current time.
* All purchases are not refundable.