

New Client Personal Training Questionnaire



Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____ Age: _____

Email Address: _____

Occupation: _____

Describe your goals as they pertain to working with a trainer: _____

Why have you decided to hire a personal trainer now? _____

Are you currently exercising? List Type of Activity, Days/Week, & Minutes/Day:

How long have you been exercising regularly? _____

Do you know the following information?
Total Cholesterol _____ HDL Cholesterol _____ Blood Pressure _____

Do you have any significant medical concerns that would impact your ability to exercise?
Cardiovascular Disease _____
Stroke _____
Diabetes _____
Hypertension _____

Do you smoke? _____ If so, how long? _____

Who is your physician? _____ Date of last physical? _____

Muscular skeletal Issues:

Feet/Ankle _____

Knees _____

Hips _____

Back/Spine _____

Shoulders _____

Elbows/Wrist _____

Are you currently taking any medications? _____

Have you recently been injured or undergone surgery? _____

List days of the week including weekends that are most convenient for you to meet with a trainer and times of the day: _____
