

Personal Information

Full Name: _____

Address: _____

Age: _____ DOB: _____ Gender: M / F

Marital Status: Married / Single Children, Ages: _____

Best Phone: _____ Secondary: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

How did you hear about EverFit Personal Training?? _____

Training Focus

How important on a scale of 1-10 (10 being extremely) are the following to you and your training program?

- | | |
|---------------------------------------|---|
| _____ Learn safety and proper form | _____ Rehabilitate an injury |
| _____ Develop muscle tone | _____ Sports-specific training |
| _____ Lose body fat | _____ Special needs (diabetes, arthritis, heart disease, other _____) |
| _____ Increase maximum strength | _____ Other: _____ |
| _____ Develop a comprehensive routine | |

Is time and issue for you? Y / N If Yes, explain _____

Will you commit yourself to a training program that will get you into optimal shape and health? Y / N

Does your significant other support your decision to train? Y / N / Unsure

Do you have any other concerns? _____

What are your main goals that you would like to accomplish during your training program? Be specific (e.g. pounds to gain or lose, pant size, % body fat, push ups, pull ups, running distance, etc.)

What rewards will you give yourself?? _____

Exercise and Fitness Profile

Have you been involved in an exercise program before? Y / N

What did you like most about that program? _____

Have you worked with a trainer before? Y / N

If yes was the experience positive? Y / N

What did you like most about your training program? _____

What did you like least? _____

Have you had any negative experience with fitness testing or body composition testing? Y / N

If Yes, please explain _____

When were you in the best shape of your life? _____ How did you achieve this? _____

What Activities are you currently involved in? Please include cardio, aerobics, dance, sports, resistance training, and stretching? _____

Intensity of your activity? Light / Moderate / Somewhat Intense / Intense

Do you prefer that your muscles be sore from a work out? Y / N

What time of day do you prefer to exercise? _____

How many days a week can you devote to exercise? _____

How many hours or minutes _____

Nutrition

Do you eat breakfast? Y / N

Do you eat within 2 hours of bedtime? Y / N

How much water do you drink a day? 1-2 cups 3-5 cups 6-8 cups 9-12 cups

Do you snack during the day Y / N What are your snacks? _____

Do you have low energy levels during the day? Y / N When? _____

Are you familiar with all the items on a food label? _____

Do you take vitamins or supplements? _____