



CLIENT NAME				DATE			
CELL		HOME		EMAIL			
ADDRESS			STATE		ZIP		
SEX	AGE	HEIGHT	WEIGHT	GOAL WEIGHT	BODY FAT%	GOAL	BODY FAT%

Health History

Please circle any of the following health questions or conditions that you may currently have now or in the past have affected your health:

- | | | | |
|------------------------|---------------------|------------------------|--------------------------------|
| Dizzy Spells | High Blood Pressure | Arthritis | Diabetes or Thyroid Conditions |
| Heart Problems | High Cholesterol | Spine or Disc Problems | Asthma or Lung Problems |
| Heart Attack or Stroke | Currently Pregnant | Bone or Joint Problems | Surgery in the Past 6 months |

Other (please explain):

Do you have any family history of any of the above conditions? _____ If yes, please explain:

Fitness Information

1. Have you ever been a member of a health club before? If yes, when?
2. How many days per week are you planning on being in the gym?
3. Have you ever worked with a personal trainer before? If yes, when?
4. Is your spouse/partner supportive of you getting into shape?
5. On a scale of 1-5 (5 being the highest), how would you rate your knowledge of resistance training?
6. What upcoming events in your life will help motivate you to improve your physical appearance/fitness level?
7. What has prevented you from reaching your goals in the past? *{Circle all that apply}*

Time	Money	Procrastination	Lack of Support	Accountability
Boredom	Discipline	Lack of Expertise	Motivation	Injuries
8. How many meals do you eat per day? __. Sodas? __. Snacks? ____ How many meals do you eat out weekly?
9. Are you taking any vitamins or supplements? __ if yes what supps are you taking _____
10. Do you smoke? ____ How much? ____ Do you drink? ____ How many per week? _____
11. How many times have you started and quit a diet or exercise program in the past?
12. When was the last time you were in the best shape of your life?
- 13.

I would like to:

- | | | | |
|-------------|---------------------|-------------|----------------------|
| Lose weight | Improve Health | Look Better | Learn More Exercises |
| Gain Weight | Improve Muscle Tone | Feel Better | Other _____ |

14. On a scale of 1-10, how serious are you about achieving your goals? 1 2 3 4 5 6 7 8 9 10