

Physical Activity and Exercise History

Name:

Age:

Gender:

Contact Number:

Email:

Address:

1. Have you previously worked with a personal trainer? If yes, please provide details:
2. What types of physical activity or exercise do you currently engage in?
3. How many days per week do you typically exercise?
4. What are your primary fitness goals?
5. Are there any specific areas of your body you would like to focus on?
6. Do you have any preferences or limitations regarding types of exercise (e.g., cardio, strength training, flexibility)?

Fitness Assessment

Name:

Age:

Gender:

Contact Number:

Email:

Address:

1. Height:

2. Weight:

3. Body measurements (optional):

4. Resting heart rate (if available):

5. Blood pressure (if available):

6. Flexibility level (e.g., can you touch your toes without bending your knees?):

7. Strength level (e.g., can you perform a certain number of push-ups, squats, etc.):

8. Cardiovascular endurance (e.g., can you walk/run a certain distance or time without stopping?):

9. Any other relevant fitness metrics:

Additional Comments or Concerns:

Is there anything else you would like to share about your health, fitness, or lifestyle that may be helpful for your personal trainer to know?