



**PERSONAL INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Text  Referred by: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Occupation/Hobby \_\_\_\_\_  
Phone number: \_\_\_\_\_

**SUBJECTIVE HISTORY :**

Previous gym/training experience:

Currently active or sedentary:

Motivation for today's visit:

Habits to change:

Goals:

Expectations of trainer:

Problem areas:

Targeted active days:

Future event:

Timeline to reach goals:

What factors derail progress:

1-10, how serious are you about achieving your goals:

**GENERAL HEALTH**

Please list any issues, surgeries, or injuries.

Heart issue:: \_\_\_\_\_

Bone or joint problems: \_\_\_\_\_

Dizziness: \_\_\_\_\_

Back: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Shoulders: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Hips: \_\_\_\_\_

Other: \_\_\_\_\_

Knees: \_\_\_\_\_

Medications: \_\_\_\_\_

Have you recently talked to your primary care physician about starting a fitness program? \_\_\_\_\_

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**GENERAL DIET**

Do you log your food? \_\_\_\_\_ If not, will you keep a food journal? \_\_\_\_\_

Water: \_\_\_\_\_/day

Coffee: \_\_\_\_\_/day

Alcohol: \_\_\_\_\_/ daily weekly

Soda: \_\_\_\_\_/day

Meals: \_\_\_\_\_/day

Eat Out: \_\_\_\_\_/week

Supplements: \_\_\_\_\_

Food cravings: \_\_\_\_\_