



Today's Date: _____

NEW CLIENT DATA:

Name: _____ DOB: _____ Age: _____ Height: _____

Address: _____

Email: _____ Phone: _____ Referred by: _____

In case of emergency, contact: _____ Phone: _____

SUBJECTIVE HISTORY :

Previous gym/training experience:

Workout availability:

Currently active or sedentary:

Future events:

Reason for today's visit:

Occupation/Hobbies:

Health/fitness goals:

Do you have a health/fitness budget?:

How will you know your succeeding:

Does someone need to be a part of making this decision?

What physical areas need focus:

1-10, commitment level:

GENERAL HEALTH

Please list any issues, surgeries, or injuries.

Heart issue:: _____

Bone or joint problems: _____

Dizziness: _____

Back: _____

Blood Pressure: _____

Shoulders: _____

Surgeries: _____

Hips: _____

Medications: _____

Knees: _____

Issues not listed we need to be aware of? _____

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

GENERAL DIET

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

Water: _____ /day

Coffee: _____ /day

Alcohol: _____ /day/week

Soda: _____ /day

Meals: _____ /day

Eat Out: _____ /week

Supplements: _____

I agree with the statements above to be true and correct:

Signature: _____ Date: _____