



## Client Information and Goals

**Date \***



Month Day Year

**Name \***

First Name

Last Name

**Phone Number \***

Area Code

Phone Number

**Email \***

example@example.com

**Address \***

Street Address

City

State

Zip Code

Country (If not in the US)

**Gender \***

**Birthday \***



Month Day Year

**Occupation \***

**Emergency Contact Name, Number, and Relationship to the Client**

**Health History (Weight, Medications, Health Conditions, and Family History)**

If you are uncomfortable sharing your weight, it isn't required.

## Diet History: Previous diets, eating disorder history, relationship with food)

Only required for nutrition clients

## Current Diet Status (if applicable)

### Dietary Restrictions

Food Allergies

Celiac

Other autoimmune affected by food

Gluten or FODMAP sensitivity

Vegetarian

Vegan

Keto

Other restrictions

Picky eater/sensory

Religious

Lactose Intolerance

### What do You Most Want Help With \*

Weight Loss

Add Muscle Mass or Tone

Start and Exercise Program

Rehab an Injury (with clearance from Dr or PT)

Education

Stress Reduction

Behavior/Habit Change

Create a Program but Exercise Independently

Sport Specific

Event (i.e. Wedding)

Motivation/ Accountability/ Other Tools

### Goals and Expectations \*

## Current Activity Levels and Past/Current Experience \*

### Do you drink, smoke, or use drugs? If so, what and how often? \*

It's not my job to report illegal drug use or give a lecture. Please be honest.

### If you are a woman, are you pregnant, within six months postpartum, or lactating? If so, how many weeks/months?

### If you answered yes to the previous question, do you have any related goals, concerns, or conditions? Have you seen a pelvic floor physio, and if not, would you like more information?

### How many hours of sleep do you get each night, and is it good quality? \*

### What is your availability? \*

Your coach is primarily available during school hours.

### Type a question \*

LG Fitness Garage Gym

Other Gym Membership

Home

### What obstacles do you foresee in following a program consistently? Do you have support? \*

**Do you understand a cancellation policy, and your responsibility? \***

Yes

I'm not sure, I need more  
information

No

**Do you need to elaborate on any answers, have more information you feel I need, or have any questions for me?**

**Printed Name**

**Date**



First Name

Last Name

Month Day Year

**Signature**

---