



Client Information and Goals

Date: ____/____/____

Name (first and last): _____

Phone Number: (____) ____ - ____ Email: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country (if not USA): _____

Gender: Male Female Prefer not to say Other Information: _____

Birthday: ____/____/____ Occupation: _____

Emergency contact: Name: _____

Phone: (____) ____ - ____ Relationship to client: _____

Health history (current weight if comfortable sharing, medications, injuries, diseases, or family history):

Diet history (if applicable): previous diets, eating disorder history, relationship with food:

Current diet status (if applicable):

Dietary restrictions (circle all that apply):

Food allergies Celiac Other autoimmune affected by diet
Gluten or FODMAP sensitivity Vegetarian Vegan Keto
Other restrictions Picky eater/sensory Religious Lactose Intolerance
Other/More Information: _____

What do you most want help with? (circle all that apply)

Lost fat Add muscle mass or tone Start an exercise program
Rehab and injury (with dr or PT clearance) Education Reduce stress
Behavior change Create a program but exercise independently Sport specific
Meet a goal for an event (i.e. wedding) Motivation, accountability, or other tools
Other/More Information: _____

Current activity levels and past/current experience:

Goals and Expectations:

Do you drink, smoke alcohol, or do drugs? If so, how much and how frequently?

(It's not my job to report illegal drug use or give you a morality lecture; please be honest.)

If you are a woman, are you pregnant, within six months postpartum, or lactating? How long (months pregnant, months postpartum, or how old is your breastfeeding baby?

If you are pregnant, postpartum (even if it's been a long time!), or lactating, do you have any goals, conditions, or concerns related to it? If you are postpartum (even if it's been years since giving birth), have you ever seen a pelvic floor physio, and if not, would you be interested in more information?

How many hours of sleep do you get per night? Is it good quality?

If you are receiving sessions (as opposed to program-design only), what is your availability? What days of the week and times of day are you most consistently available? Are you aware of the limited availability for in-person training and able to work within the available timeframes?

If you are doing a personal training program, where will you be exercising?

Gym L.G. Fitness' garage gym Home Other:_____

What obstacles do you foresee in meeting your goals and remaining consistent? Do you have support?

Do you understand and agree to the 24 hour cancellation and payment policies, i.e. you are responsible for the full session cost if you cancel at last minute or arrive late, payment is due no later than time of session, and there are prepay options available?

Yes I don't understand, please give me more information No

Is there more information you think I need based on any of the above questions, anything else you think I should know, or any questions you need me to answer?

Printed name of Client: _____ Date: ____/____/____

Signature of Client:_____