



NMB FIT LLC

5139 West 140th Street, Brook Park, OH 44142
440-391-0977, nmbfit@yahoo.com

Client Profile Information

DATE: ___/___/___

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Mobile: _____ Home Phone: _____ Work Phone: _____

Age: _____ Sex: _____ Height: _____ DOB: ___/___/___

Current Weight: _____

1. What prompted you to seek out personal training? _____

2. What primary goals would you like to focus on?

____ Increase energy levels

____ Increase overall health

____ Lose weight: # of lbs.: _____

____ Gain weight: # of lbs.: _____

Other: _____

3. What areas would you like to work on and improve? _____

4. How soon would you like to see results? _____

5. On a scale of 1-10 how serious are you about achieving your goals? 1 2 3 4 5 6 7 8 9 10

6. Have you been exercising regularly for the past 0-12+ months? 0 3 6 9 12+ _____

If yes, where at? _____ If no, are you looking to join a gym? _____

If yes, why did you cancel? _____

7. If yes, what does a current exercise routine consist of? _____

8. How many times per week do you plan to exercise? _____ For how long? (# of min.) _____

9. How many times a month would you like to meet for training? _____

10. Have you ever

- | | | | |
|---|-----|-----|----|
| a. Worked with a fitness/ nutrition coach? | Yes | No | |
| b. Tried a group fitness class? | | Yes | No |
| c. Had a program designed for your body type and fitness needs? | Yes | No | |
| d. Received a fitness or postural assessment? | | Yes | No |
| e. Had body fat % and BMI calculated? | | Yes | No |

11. What days and times are you available for personal training?

DAY	SUN	MON	TUES	WEDS	THURS	FRI	SAT
TIME							

12. Short term goals: _____

13. Long term goals: _____

14. How many times a day are you eating? _____
What does a typical meal consist of? _____

15. What does snacking consist of? _____

16. Are you taking any supplements? _____
If yes, what and from who? _____

17. What type of training interests you? (HIIT, Cardio, Weights, Outdoors, Etc.)

18. Do you have trouble finding the motivation too workout? _____

19. What do you think would help you build motivation and consistency with your workout plan and eating habits? _____

20. Have you consulted a physician about beginning a new fitness or nutrition program? _____

21. Are there any medical issues that may prevent you from engaging in physical activity?
If so, please disclose. _____

22. Do you have any current or past injuries? _____

23. Do you know of any imbalances, joint, or muscle issues? (Ex. Unable to fully raise 1 arm up)

24. What do you think the biggest challenge is going to be for you? _____

25. What do you need to help you ultimately succeed and meet your goals? _____

26. Anything else that should be brought to my attention? _____

