

New Client Information Sheet

As your trainer we want to get to know you so we can help you achieve your goals. Please answer the following questions so we can serve you better.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone / Email - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_

Sex: M / F

Do you currently work out on a regular basis? Please explain why or why not and what kind of physical activity you take part in.

What are your goals as a client of Phoenix Fitness and Training / Always Rise Foundation?

What are your goals outside of training?

Do you have any physical limitations, including any health conditions and/or previous injuries,, we should know about before we get started?

What kind of reinforcements do you prefer (verbal praise, physical- fist bumps, high fives, etc.)?

Do you have any fears or phobias?

Are there any situations or stimuli that may provoke anger, frustration, or other negative behaviors? If so, how can we prevent/address these situations?

Do you use any adaptive medical equipment?

How do you communicate with others (verbal, nonverbal, sign, communication device, etc.)?

Is there anything else that we should know about you in order to support you in the best way possible?