

LSFit Client Fitness & Lifestyle Questionnaire

Please complete this form to help us understand your fitness goals and lifestyle. All information is confidential. Fill out the fields below digitally or print and complete by hand. Return the completed form to LSFit before your first consultation.

Personal Information

Full Name

Email

Fitness Background

Current Fitness Level

Do you have any medical conditions or injuries?

Current Physical Activity (if any)

Goals

Primary Fitness Goals (select all that apply)

- Weight Loss ☐
- Muscle Gain ☐
- Improved Endurance ☐
- Flexibility ☐

• Overall Health ☐

Preferred Exercise Types

How many days per week can you commit to training?

Lifestyle

Describe your current diet

Average hours of sleep per night

Stress Level

Low ☐ Moderate ☐ High ☐

Preferences and Expectations

Preferred Training Location

What are your expectations from working with a fitness professional?

Anything else we should know?

Submission Instructions: Save or print the completed form and return it to LSFit via email (sales@lsfit.com) or bring it to your first consultation.