Client Information

Full Name: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name & Phone: _____

Occupation: _____

Fitness Goals

Primary Goal(s): _____

Target Weight: _____

Desired Training Frequency: _____

Medical History

Do you have any medical conditions?

_____

Have you had any surgeries or injuries?

_____

Are you currently taking medications?

_____

List any physical limitations?

_____

_____

_____

Lifestyle Information

Typical Weekly Exercise Routine: _____

_____

Average Hours of Sleep Per Night: _____

How would you describe your nutrition habits?

_____

_____

Training Preferences

Preferred Workout Types: _____

Preferred Training Times: _____

Any exercises you dislike or wish to avoid?

_____

Acknowledgment & Liability Waiver

I certify that the information provided in this form is accurate to the best of my knowledge. I understand that participation in physical exercise may involve risk of injury and I voluntarily assume all such risks. I release the personal trainer from liability for injuries or damages that may occur during training sessions.

Client Signature: _____

Parent Signature: (if under 18) _____

Date: _____