

# Personal Trainer Assessment

## Instructions

This **Personal Trainer Assessment** is designed to gather comprehensive information about your health, fitness goals, and any medical conditions or limitations that may affect your exercise regimen. Please answer the following questions honestly and to the best of your ability. Your responses will help your personal trainer tailor a safe and effective workout plan for you.

## Patient Information

Full Name:

Age:

Gender:

Height:

Weight:

Body Mass Index (BMI):

Occupation:

Contact Information:

## Health History

Medical Conditions:

Previous Injuries:

Allergies:

Medications:

Family History:

**Current Fitness**

Exercise Habits:

Fitness Goals:

Dietary Habits:

Sleep Patterns:

Stress Levels:

**Initial Consultation****Movement Assessment**

Posture Analysis:

Mobility:

Stability:

**Body Composition Test**

Body Fat Percentage:

Muscle Mass:

Waist-to-Hip Ratio:

**Work Capacity Test**

Cardiovascular Fitness Strength:

**Loaded Assessments**

Weightlifting Technique:

Resistance Training:

**Additional Information**

Smoking Status:

Alcohol Consumption:

Recreational Drug Use:

Additional Comments: