

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: