

Personal Trainer Consultation Form

Client Information

Name:

Age:

Gender:

Email:

Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Health History

Do you currently have any medical conditions? If yes, please specify:

Yes No

Have you undergone any surgeries in the past? If yes, please specify:

Yes No

Are you currently taking any medications? If yes, please specify:

Yes No

Do you have any allergies? If yes, please specify:

Yes No

Do you have any physical limitations or disabilities? If yes, please specify:

Yes No

Have you had any recent injuries? If yes, please specify:

Yes No

Do you experience any chronic pain or discomfort? If yes, please specify:

Yes No

Are there any exercises or movements that you find particularly challenging or uncomfortable? If yes, please specify:

Yes No

Fitness Goals

What are your primary fitness goals? (e.g., weight loss, muscle gain, improved flexibility, etc.)

Are there any specific areas of your body you would like to focus on?

What motivates you to exercise?

How many times per week are you willing to commit to training sessions?

Do you have any upcoming events or deadlines related to your fitness goals? If yes, please specify:

Yes No

Lifestyle and Nutrition

How would you describe your current level of physical activity? (sedentary, lightly active, moderately active, very active)

What does a typical day of eating look like for you?

Do you have any dietary restrictions or preferences?

How many hours of sleep do you typically get per night?

Do you currently consume alcohol? If yes, how often and in what quantities?

Yes No

Do you smoke? If yes, how often?

Yes No

Additional Information

Have you worked with a personal trainer before? If yes, what was your experience like?

Yes No

Is there any other information you think would be helpful for your personal trainer to know?

Declaration

I acknowledge that the information provided above is accurate to the best of my knowledge. I understand that the personal trainer will use this information to design a fitness program tailored to my needs and goals.

Signature:

Date: