

Personal Trainer Consultation Form

Personal Information

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Emergency Contact Name and Number: _____

Medical History

Do you have any known medical conditions? (Please specify):

Are you currently taking any medications? (Please specify):

Have you had any surgeries in the past five years? (Please specify):

Family history of heart disease, diabetes, or other chronic conditions? (Please specify):

Exercise History

How would you rate your current fitness level? (Poor/Fair/Good/Excellent):

Do you currently exercise? (If yes, please describe your routine):

Have you ever worked with a personal trainer before? (Yes/No):

Have you experienced any injuries related to physical activity? (Please specify):

Fitness Goals

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

Are there specific areas you'd like to focus on or avoid? (Please specify):

Do you have any time constraints or deadlines for achieving these goals?

Nutritional Information

Please describe your current dietary habits:

Do you have any dietary restrictions or preferences? (Please specify):

Agreements and Waivers

I, _____ (Client's Name), understand that participating in a fitness program involves risks. I affirm that I have answered all the questions truthfully and to the best of my ability. I agree to inform my trainer of any changes in my health or medical condition. I understand that my trainer cannot diagnose or treat any medical condition and that this information is used solely to design a fitness program tailored to my needs.

I hereby release _____ (Trainer's Name) and _____ (Facility, if applicable) from any liability for any injuries or damages that I may sustain as a result of participation in the fitness program.

Signature: _____ Date: _____

Trainer's Signature: _____ Date: _____