

# Personal Training Assessment Form

## SECTION 1: PERSONAL INFORMATION

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 2: MEDICAL HISTORY

Please list any known diseases, conditions, surgeries, medications, and allergies:

## SECTION 3: FITNESS HISTORY

Have you participated in any physical training before?

Yes

No

If yes, please describe:

Any preferred exercises or activities?

Have you suffered any past injuries or chronic pain?

Yes

No

If yes, please describe:

## SECTION 4: LIFESTYLE INFORMATION

Do you smoke?

Yes

No

Do you consume alcohol?

Yes

No

Average hours of sleep per night:

Stress levels (1-10, with 10 being highly stressed):

Please describe your typical daily diet:

## **SECTION 5: FITNESS GOALS**

What are your primary fitness goals? (Check all that apply)

- Weight Loss
- Muscle Gain
- Increased Flexibility
- Improved Endurance
- Other:

## **SECTION 6: FITNESS ASSESSMENTS**

**Body Measurements (to be filled out by the trainer):**

- Weight:
- Height:
- Body Fat %:
- Other:

## **SECTION 7: WAIVERS OR CONSENT FORMS**

I understand that participating in a fitness program has certain risks, and I hereby release [Trainer/Company Name] \_\_\_\_\_ from any liability for injuries or damages incurred during the training program.

Signature:

Date:

I hereby consent to the use of my information solely to develop a personalized fitness plan, and I understand that this information will be kept confidential.

Signature:

Date:

## **FOR TRAINER USE ONLY**

Initial Assessment Notes:

Training Plan Recommendations: