



## Fitness Classes | Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_

All information received on this form is strictly confidential. This information is essential to develop a program that addresses your needs, goals and interests and is safe and effective.

Date of Birth	Age	Height
Address		
Phone (h)	(w)	(cell)
Email Address		
Occupation		
Physician's Name		Phone
Emergency Contact	Phone	Relationship

How would you rate your present fitness level (1 very poor - 10 best)

Do you have any muscle/joint issues that may be affected by the exercise program you have signed up for?

How often do you exercise weekly?

Average length of time spent exercising

What activities are you presently involved in?

Do you do any stretching? Yes No

If so, what kind?

Do you prefer to exercise Inside

Outside

Combination

Early morning

Morning

Afternoon

Evening

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What are your goals within the next 3-12 months?

What are some of your favourite types of exercises?

Realistically, how many times per week do you plan to exercise?

Approximately, how much sleep do you get each night?

Do you feel you get adequate nutrition?	Yes	No
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How many meals do you eat each day?

May I have your permission to use photos of you in my marketing materials i.e. Forever Fit Facebook page, website and newsletters?	Yes	No
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What other information would help me create a program that best suits your needs?