



## Personal Training | 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. I have read and understood my risks and am prepared to partake in this activity.

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)

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

Do you like to exercise in Large Groups Small Groups Alone Combination

Early morning Morning Afternoon Evening

What is the main reason you want a Personal Trainer?

What types of fitness activities would you like to have? Do you have a location in mind?

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What are your goals within the next 1-3 months?

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

What are some of your favourite types of exercises?

What is the major obstacle that prevents you from having a regular fitness routine?

Do your friends and family support your decision to exercise?	Yes	No
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Do your friends/family exercise?	Yes	No
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If yes, what sort of activity?

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?

What do you snack on?

Do you take any supplements? Please list

Do you smoke?	Yes	No	If yes, how many cigarettes/cigars per day?
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What other information would help me create a program that best suits your needs?