

PRE-TRAINING INFORMATION FORM

Date_____

Name_____ Phone: (work)_____

School Address_____

Home Address_____

City, State, Zip_____ Age_____ Date of Birth_____

School Affiliation

Student_____

Non-Student_____

Fitness package purchased:

1 session

5 sessions

10 sessions

Small Group Training

Do you prefer a female or male trainer? _____Female _____Male _____No preference

Best days & time for exercise_____

What do you want from your Personal Trainer?_____

What type of exercise do you not enjoy?_____

What are your main goals from exercise?_____

Are you currently involved in a regular exercise program? _____Yes _____No

Activity_____ Duration_____

Frequency_____ Intensity_____

How long have you been exercising regularly? _____Months _____Years

Were you a high school and/or college athlete? _____Yes _____No

Sport? _____

How much are you willing to devote to an exercise program? Minutes per day _____ Days per week _____

What types of exercise interest you? _____ -

Have you ever joined an organized physical activity program before? _____ Yes _____ No

What activity? _____ How long did you stay with it? _____

Have you ever been injured participating in any physical activity? _____ Yes _____ No

Explain. _____

What treatment did you receive? _____

What type of work do you do?

Explain any physical activity on the job.

Is your job stressful? _____ Yes _____ No

Is school stressful? _____ Yes _____ No

Have you been under stress in your personal life lately? _____ Yes _____ No

Are you easily upset? _____ Yes _____ No

Do you sleep well? _____ Yes _____ No

Do you start exercise programs but then find yourself unable to stick with them? _____ Yes _____ No

Weight change in the past year: + or - _____ lb.

Do you have any current injuries or conditions that would inhibit exercise? _____ Yes _____ No

Explain. _____