



Client Assessment

PERSONAL INFORMATION:

Name: _____ Date of Birth : _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Referred by: _____

HEALTH HISTORY:

1. Has a doctor ever recommended only medically supervised physical activity? YES NO
2. Do you have any medical conditions that you are aware of? YES NO
3. Do you have a bone, joint or any other structural problem that could be aggravated by the proposed physical activity? YES NO
If yes to any of the above, please explain: _____
4. If yes to any of the above, would you be willing to consult your physician in regard to increased activity? YES NO
5. List any medications you are currently taking: _____

PHYSICAL ACTIVITIES:

1. Are you currently participating in any sports activities? YES NO
List: _____
2. What is your occupation and describe any physical requirements of your job: _____
3. Have you ever worked with a: Massage Therapist Physical Therapist Personal Trainer Nutritionist
If you checked any of the above, please explain: _____

GOAL ASSESSMENT:

1. As specific as you can be, describe your fitness goals (i.e. Improve general fitness, tone/firm, lose weight, etc.) _____
2. Are there any specific areas you want to concentrate on? _____
3. Is there a specific time frame in which you would like to accomplish your goals? _____
4. What level of experience do you currently feel you have with weight training?
 Expert Know some knowledge but need more Know very little Beginner
5. Do you know how to calculate your target heart rate to maximize your cardio exercise? YES NO
6. Are you currently taking a multi-vitamin? YES _____ NO
Why or why not? _____
7. Are you currently taking any other nutritional supplements? YES _____ NO
8. How many meals do you eat per day? _____
9. Have you ever tried a diet/ weight loss program?
 YES NO If yes, please explain the results: _____
10. How many days per week are you willing or able to train?
 1-2 days 3-4 days 5-6 days Varies from week to week, let's talk about it!
11. Why do you feel you need a personal trainer? _____