

NutriAdmin

Client Information

First Name

Last Name

Gender

male

female

other

Date Of Birth (DOB)

Age

Occupation

What is the activity level at your job?

Sedentary (mostly seated)

Moderate (light activity such as walking)

High (very active, heavy labor)

Height [cm]

Height (feet and inches)

 ft in

Weight [Kg]

Weight [lbs]

Contact Details

Email

Phone

Address

City/Town

Postcode

Fitness and Health History

Do you have any prior experience with fitness/sports training?

Yes

No

Have you worked with a personal trainer before?

Yes

No

If yes, when and for how long?

On a scale of 1-10, how would you rate your current fitness level?

Please describe your current and/or previous exercise experience:

How many days per week (if any) do you do some form of physical exercise?

Have you suffered any serious injuries in the past?

Yes

No

If yes, please list.

Have you undergone any surgeries?

Yes

No

If yes, please specify.

Please include what kind and when you undergone the surgery/ies.

Do you smoke?

Yes

No

On a scale of 1-10, how would you rate the quality of your diet?

How many hours of sleep per night do you get on average?

FOR WOMEN, Are you pregnant or have you given birth in the last six months?

Yes

No

Fitness Goals and Availability

Which of the following describes your goal/s?

Improve Overall Health

Improve Endurance

Increase Strength

Improve Flexibility

- Improve Balance
- Increase Energy
- Increase Muscle Mass
- Fat loss
- Improve Mood/Ability to Cope with Stress
- Other

If you checked OTHER, please specify.

What are your short-term goals?

e.g. lose 4 lbs in the next two months

What are your long-term goals?

e.g. run a marathon

How many sessions per week are you able to commit to?

Please check the days that you are available to meet with the trainer

- Sunday
- Monday
- Tuesday
- Wednesday

Thursday

Friday

Saturday

Please specify the times that you are available to meet with the trainer

e.g. Mondays - 5:00PM-8:00PM, Saturdays - 8:00AM-12:00PM