# CLIENT PROFILE

Contract No. _____ Date _____

Name: _____

Address: _____

City: _____ Sale _____ Zip _____

Birthday_____/ _____/ _____ Sex ☐ Male ☐ Female

Name of Gym (if you currently have a membership) _____

Phone: (Home) _____ (Work) _____

Body Wt. _____ Body Fat% _____ Height _____

## PERSONAL GOALS

1. Primary Training and Nutrition Objectives (check one or more)

   ☐ Fat Loss ☐ Strength ☐ Weight Loss

   ☐ Build Muscle ☐ Shape and Tone ☐ Injury Rehabilitation

   ☐ Sport-specific training ☐ Reduce Stress ☐ Increase Cardiovascular Endurance

2. How serious is your commitment to accomplishing these goals? _____
3. What areas of your body do you specifically want to work on? _____
4. Is there a specific time frame in mind? _____
5. Training Experience:

   ☐ Sedentary ☐ Beginner ☐ Intermediate

   ☐ Upper-Intermediate ☐ Advanced ☐ Pre-Contest or Preseason

6. Do you presently engage in physical activity? ☐Yes ☐NO

   What Kind? _____

   How often? _____

7. Are you currently participating in a structured resistance-training program? ☐Yes ☐No

   For how long? _____

8. Are you currently participating in a structured cardio-respiratory program? ☐ Yes ☐No

   For how long? _____

9. How many days per week do you currently exercise? _____

10. What kind of cardiovascular activity do you enjoy most?

☐ Elliptical ☐ Stationary Bike ☐ Stationary Rower

☐ Stair Climber ☐ Treadmill ☐ Aerobics Class

☐ Walking ☐ Running ☐ Other_____

11. Do you have an exact plan to obtain your goals? _____

12. How long have you been thinking about starting a workout program? _____

## HABITS

1. Approximately how many ounces of water do you drink per day? _____
2. How many hours of sleep do you per day? (average) _____
3. Have you ever suffered from insomnia? ☐ Yes ☐ No
4. How many meals do you eat daily? _____ How many calories? _____
   Do you eat meat? ☐ Yes ☐ No Favorite Food: _____
   Do you snack? ☐ Yes ☐ No Favorite Snack: _____
   Do you have any dietary restrictions, food and allergies? ☐ Yes ☐ NO If yes:
   What? _____
   What type? _____
   Are you currently taking a multivitamin, mineral or other type of food supplement? ☐ Yes ☐ No If yes:
   What are you taking? _____
   Why? _____
5. Do you smoke? ☐ Yes ☐ No If yes: How Much? _____
   Do you drink alcohol? ☐ Yes ☐ No If yes: How Much? _____
   Do you drink coffee? ☐ Yes ☐ No If yes: How Much? _____
   Are there any habits you would like to change? _____

## MEDICAL HISTORY

Please check, if applicable, any of the following health problems you have or have had that have been diagnosed or treated by a health professional.

| | | |
|---|---|---|
| ☐ Orthopedic Problems | ☐ Heart Murmur | ☐ Varicose Veins |
| ☐ Injuries to back, knees, ankles | ☐ High Blood Pressure | ☐ Lung Disease |
| ☐ Brain Concussion/Head injury | ☐ Heart Attack/Stroke | ☐ Rheumatic |
| ☐ Loss of Consciousness | ☐ Heart Rhythm Abnormally | ☐ Dizziness |
| ☐ Epilepsy | ☐ Any type of Heart Problem | ☐ Problem with Balance/Vertigo |
| ☐ High Stress | ☐ Disease of Arteries | ☐ Hypoglycemia |
| ☐ Chest pain of any kind | ☐ High Cholesterol | ☐ Cancer |

☐ Arthritis, what Kind? _____

☐ Diabetes, how long ago? _____

☐ Allergies, (Hay Fever/Asthma) _____

☐ Operations, what kind? _____

Old or recent injuries? _____

Who is your current physician? _____ Phone # _____

When was your last complete physical exam? _____

Are you currently taking any medications? _____ What kind? _____

Is there any good reason not mentioned here why should not follow an activity program even if you wanted to?

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## FAMILY HISTORY

Have any of your blood relatives (brothers, sisters, parents, grandparents, aunts, uncles, etc.) had:

☐ Heart Attack ☐ High Blood Pressure ☐ Diabetes ☐ Congenital Heart Disease

☐ Heart Operation ☐ High Cholesterol ☐ Epilepsy ☐ Cancer if so, what type _____

☐ Other _____

## WAIVER

I, the undersigned, have read, understand, and have answered the above health/medical survey question fully and truthfully, I am aware of my responsibility to consult with personal physician regarding my medical illness to engage in strenuous exercise and nutritional support program, I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the participating training facility, and the fitness trainer administering this instrument for any and all injuries suffered while following the training another nutrition program provided to me.

Client's Signature _____ Date_____

Print Client Name _____

Parent/Legal Guardian's Signature* _____

*if client is under 18 years of age, the parent or legal guardian must sign.