

Client Profile Sheet

Date: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

DOB: _____

Email: _____

Mbr #: _____

Gender: M or F

Age: _____

Height: _____

Weight: _____

Is there anyone involved in your decision for health & fitness? If so, Who? _____

How long have you been thinking about this life change? _____

Personal Fitness & Nutrition Goals

1. _____
2. _____
3. _____

How would you rate your profession or what you do during the day?

Non-exercise related

Sedentary

Moderately Active

Active

Very Active

Are there any health conditions, injuries or concerns that need to be addressed to modify your exercise program?

Bottom to be filled out by Personal Trainer

RMR: _____

Resting Heart Rate: _____

Cardio Endurance: Step Test _____ Bike Test _____ 1mile Walk _____

Flexibility: _____ Hip Flexors

Muscular Endurance: _____ Sit-ups or _____ Push ups (1 min)

Body Composition Test: _____ + _____ + _____ = _____ 3 site skin fold = _____%

Or _____ Bioelectrical Impedance _____ BMI

Measurements

Shoulders _____ Chest _____ R Arm _____ Waist _____

R Hips _____ R Thigh _____ R Calve _____