

Fitness Lifestyle Client Questionnaire

Name

Phones

Cell

Home

Work

Email

Which local city do you live/work in?

Work

Live

Best place/day/time to call

How did you hear about us? Web___ Friend___ Ad___ Other_____

What are your goals?

Short term

Long term

How long do you think it will take to reach those goals?

Do you have any pre-existing medical conditions or injuries?

Are you currently taking medications?

If so, what conditions are they for?

Have you worked with a trainer/health coach before?

What was your experience?

How many days a week do you exercise now?

Weights?

Aerobics?

Please check each category you may be interested in:

- Personal training
- Weight loss
- Sport specific
- General toning
- Muscle building
- Injury prevention
- Nutrition
- Lifestyle coaching

Adventure fitness

On a scale of 1 to 10, how great is your motivation right now (10 being the highest)?

Once your answers are received, our goal is to make contact with you within 48 hours. If we are out of town, we will call you upon our return. Dates away from the office will be posted on our site as well as on our voice mail. We are looking forward to helping you achieve your health and fitness goals. Information provided will be strictly confidential.