COACH LAURA
CERTIFIED PERSONAL TRAINER

PERSONAL TRAINING: CLIENT CONSULTATION FORM

Name: _____ Phone #: _____

Age: _____ Height: _____ Weight: _____

Emergency Contact: _____ Phone #: _____

CURRENT LIFESTYLE / ACTIVITY LEVEL: ◯Sedentary ◯Active ◯Physically Demanding

Ave. Hrs Sleep/Night: _____ Tobacco Use: ◯Yes ◯No

I currently workout _____ times per week with the following activities/additional details:

_____

_____

I typically eat _____ meals per day. The following are the types of foods/meals I eat on a regular basis:

_____

_____

_____

GOALS: (check all that apply)

◯*Improve cardiovascular fitness* ◯*Facilitate body-fat weight loss* ◯*Reshape/tone body* ◯*Increase strength*
◯*Improve performance for a specific sport* ◯*Improve flexibility* ◯*Improve mood + ability to cope with stress*

Short Term Goals (3months or less): _____

_____

Long Term Goals: _____

_____

Rank the following in order of Importance (1 being most important):

Weight Loss____ Strength Gain____ Muscle Gain____ Mobility Improvement____ Postural Improvement____

PAST WORKOUT HISTORY	
Positive Experiences	Negative Experiences / Obstacles to Success
Activities/Movements/Exercises Enjoyed	Activities/Movements/Exercises Disliked

INJURIES/RESTRICTIONS: _____

_____

_____

_____