COACH LAURA
CERTIFIED PERSONAL TRAINER

PERSONAL TRAINING: CLIENT CONSULTATION FORM

Name: _____ Phone #: _____

Age: _____ Height: _____ Weight: _____

Emergency Contact: _____ Phone #: _____

CURRENT LIFESTYLE & GOALS

My current activity level is ◯Sedentary ◯Active ◯Physically Demanding ◯Somewhere In Between

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

Typical Daily Stress Level Rating: ◯High Stress ◯Low Stress ◯About Average

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:

_____

_____

When it comes to hydration, I typically drink _____ water per day.

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:_____

_____

On a scale of 1-10, how confident do you feel in your ability to stay consistent with your fitness goals? _____

Sum it up! - Rank the following in order of Importance (1 being most important):

Weight Loss____ Strength Gain____ Muscle Gain____ Mobility Improvement____ Postural Improvement____

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WORKOUT HISTORY

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

Do you prefer:

◯ Working out alone ◯ In a group ◯ With a trainer 1:1 ◯ Variety

What type of coaching motivates you most?

◯ Encouraging & Supportive ◯ Tough Love / Accountability-driven

◯ Educational (want to understand why) ◯ Just tell me what to do

What motivates you to stick with a program?

_____

_____

What tends to throw you off tracK?

_____

_____

INJURIES/RESTRICTIONS: _____

_____

_____

_____

Please check any of the following that apply or have applied in the past:

◯ Heart Condition ◯ Diabetes or Blood Sugar Imbalance

◯ High Blood Pressure ◯ Surgeries or Hospitalizations

◯ Asthma or Breathing Difficulty ◯ Chronic Pain or Inflammation

◯ Joint Issues (knee, hip, shoulder, spine)

◯ Other (please specify) _____

Is there anything preventing you from starting right away?

◯ Time ◯ Finances ◯ Fear of Injury ◯ Motivation ◯ Other: _____