



NEW CLIENT REGISTRATION

Part I: Personal Information

Name: _____ Date: _____

Email: _____ Date of Birth: _____

Address: _____

Home #: _____ Cell #: _____

Work Location: _____

Occupation: _____

Relationship Status: **Single** **Married** **Divorced** **In a Relationship**

Do you have children? **Y** **N** If yes, how old? _____

Part II: Stats

Height: _____ Sex: **M** **F** Age: _____ Current Weight: _____

Body Fat Percentage: (If unknown, please leave blank) _____

Please provide the following measurements: (Click [here](#) for a video on how to measure)

Neck: _____ Arm: _____ Shoulders: _____ Chest: _____

Waist: _____ Hips: _____ Thigh: _____ Calf: _____

Part III: Medical History

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? **Y** **N**

Do you frequently have pains in your chest when you perform physical activity? **Y** **N**

Have you had chest pain when you were not doing physical activity? **Y** **N**

Do you have a family history of coronary or other atherosclerotic disease prior to age 50? **Y** **N**

Have you ever had an abnormal exercise ECG? **Y** **N**

Do you lose your balance due to dizziness or do you ever lose consciousness? **Y** **N**

Do you suffer from occasional or constant headaches? **Y** **N**

Do you have a bone, joint, or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (e.g., diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? **Y** **N**

If Yes, please explain:

Are you currently taking any prescription or non-prescription medication? **Y** **N**

If Yes, indicate which and what it is being used for:

Are you pregnant or lactating? **Y** **N** Do you menstruate regularly? **Y** **N**

Have you had surgery of any kind within the past six months? **Y** **N**

If Yes, indicate on what, when, and why:

Are you currently suffering from a disease or condition not previously listed? **Y** **N**

If Yes, indicate which: _____

Do you know any other reason why you should not do physical activity? **Y** **N**

If Yes, indicate why: _____

Part IV: Behaviors

Occupational Activity Level:

Sedentary: Sitting

Light: Standing

Moderate: Walking

Active: Manual Labor

Does your job require travel? **Y** **N**

If yes, indicate how much: _____

How much water do you drink each day? _____

Are you currently on a diet or specific eating plan? **Y** **N**

If Yes, please describe: _____

List any current Vitamins/Supplements/Herbs you are taking and what they are for:

Rate your energy level on a scale of 1-10: (1=low; 10=high)

On average, how many hours of sleep do you get each night? _____

Please describe your sleep patterns: (i.e., bed time, wake time, and quality of sleep)

Rate your stress level on a scale of 1-10: (1=low; 10=high)

How do you manage it?

Part V: Exercise History:

Did you grow up playing sports? **Y** **N**

If so, which ones? _____

Have you worked with a personal trainer before? **Y** **N**

Do you currently exercise on a regular basis? **Y** **N**

If No, when was the last time you exercised regularly? _____

If No, why did you stop exercising regularly? _____

If Yes, how long have you been consistently exercising without a break? _____

How many years of exercise experience do you have?

0 – 1 Year **1 – 5 Years** **5 – 10 Years** **10 + Years**

Which activities do you do? (Check all that apply)

Professional Sports **Recreational Sports** **Cardiovascular Exercise**

Cardio Conditioning Classes (spin, aerobics, kickboxing, etc...)

Strength / Resistance / Weight Training

Where do you workout? _____

How often? _____

How long do you workout at a time? _____

Describe your most recent workout routine: (e.g., hours per session, time of day, cardio, resistance training - sets & reps per muscle group, recovery time between, etc.)

Do you monitor your heart rate while performing cardiovascular exercise? **Y** **N**

Rate your ability in the following exercises on a scale of 1-10: (1=No experience; 10=Expert):

Barbell squat: **Barbell deadlift:** **Barbell bench press:** **Push-up:**
Bent-over barbell row: **Barbell Shoulder Press:** **Pull-up:**

Part VI: Goals

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all of your goals are "SMART."

S = Specific (provide details, how long, how much etc.)

M = Measurable (how will you measure whether you've reached your goals)

A = Attainable (be realistic, set smaller goals)

R = Rewards-Based (attach a reward to each goal)

T = Time Frame (set specific dates for goals)

What are your current goals?

Short-term:

Long-term:

What are your specific goals? (Rank the following goals by importance - 1 being the most important and 8 being the least.)

Improved health: _____ **Improved endurance:** _____ **Fat loss:** _____

Increased muscle mass: _____ **Increased strength:** _____ **Weight gain:** _____

Increased power: _____ **Sport specific*:** _____

*Please provide the sport or athletic event you are training for: _____

Specific timeline for achieving this specific goal?

Which of the two are of greater importance:

Immediate progress that's less easily maintained.

Maintainable progress that may not be as rapid.

Please explain:

How committed are you to achieving your fitness goals? (1=low; 10=high)

Why do you want to achieve these goals?

Outline what you feel are the obstacles or your potential actions, behaviors, or activities that could impede your progress towards accomplishing your goals. (e.g., not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise, etc.)

Outline 3 methods that you plan to use to overcome these obstacles:

A. _____

B. _____

C. _____

Part VII: Developing Your Fitness Program

Where will most workouts take place: _____

If it's not at a standard gym, list what exercise equipment you'll have access to:

How many days per week will you be able to exercise? _____

How many hours per day will you be able to exercise? (in minutes) _____

What are the best days during the week for you to commit to your exercise program?

Mon.

Tues.

Wed.

Thurs.

Fri.

Sat.

Sun.