



ToFitYou

Where the mind goes
the energy flows

PERSONAL FITNESS TRAINING

by Birgitt Haderlein

Client Information

Name: _____ Date: _____

Address: _____ Birthdate: _____

City/State/Zip: _____

Phone: (work) _____ (home) _____

Is it okay to contact you at work? Yes No

What days and times do you prefer to participate in your exercise program? _____

Age: _____ Weight: _____ Height: _____

Briefly describe your exercise and diet history:

What are your short- and long-term goals for improving your health?

What specifically do you want from me, your personal trainer?

Have you ever had a personal trainer before? Yes No