



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? \_\_\_\_\_

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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