

Personal Trainer Client Medical Information Form

Personal Details

Full Name

Date of Birth

Email Address

Phone Number

Emergency Contact Name

Emergency Contact Phone

Medical Information

Please list any current or past medical conditions

Are you currently taking any medications? If yes, please specify.

Please list any allergies

Have you had any recent injuries or surgeries?

Lifestyle & Activity

How often do you currently exercise per week?

What types of physical activities do you participate in?

What are your fitness goals?

Additional Information

Is there anything else your trainer should know?

