

Fitness Client Assessment Form

Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Address

Emergency Contact

Name

Phone

Relationship

Health & Medical Information

Do you have any medical conditions, injuries, or limitations?

Are you currently taking any medication?

Physician Name

Fitness Goals

What are your fitness goals?

Describe your past exercise experience

Lifestyle & Activity

How would you describe your daily activity level?

Any sports or physical hobbies?

Additional Comments

Anything else you'd like your trainer to know?