



PERSONAL FITNESS TRAINING
At Its Best!

NEW CLIENT PROFILE FORM

NAME _____

ADDRESS _____

DATE OF BIRTH _____

AGE _____

HOME # _____

WORK # _____

CELL # _____

e:mail address _____

IN CASE OF AN EMERGENCY, PLEASE CALL:

DO ANY OF THE FOLLOWING APPLY?

PERSONALLY

FAMILY MEMBER

Heart Disease

High Blood Pressure

Cancer

Diabetes

Overweight / Obese

Sedentary Lifestyle

ARE YOU ...

A Smoker - Y N

Pregnant - Y N

On Prescription Medication - Y N

Please List - _____

MY LAST SURGERY WAS ON _____ (Date)

FOR _____

HAVE YOU HAD ANY SERIOUS INJURIES IN THE LAST FIVE YEARS? - Y N

IF SO, PLEASE DESCRIBE _____

KNOWING THAT IT IS ALWAYS RECOMMENDED TO SEEK A DOCTOR'S APPROVAL BEFORE BEGINNING ANY EXERCISE PROGRAM, AND KNOWING YOUR OWN PERSONAL HEALTH, HAVE YOU SOUGHT SUCH APPROVAL? - Y N

IS THERE ANY OTHER INFORMATION WE SHOULD BE AWARE OF? - Y N IF SO, PLEASE DESCRIBE _____

CLIENT SIGNATURE _____

DATE _____

FFL REPRESENTATIVE _____ DATE _____