

Personal Trainer Inquiry Form

NAME: _____

Today's Date ____/____/____ AGE: _____ PHONE: _____-_____-_____

EMAIL: _____

What type of training is of interest to you? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Cardio / Endurance Training | <input type="checkbox"/> Yoga / Pilates |
| <input type="checkbox"/> Sports / Athletic Training | <input type="checkbox"/> Teen Fitness (13 years or older) |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Senior Fitness |
| <input type="checkbox"/> Flexibility Training | Other: _____ |

Do you currently exercise on a regular basis? Yes No

If yes, how many days a week? _____ How long (in minutes)? _____

Rate your fitness level 1 = beginner, 5 = intermediate, 10 = advanced

1 2 3 4 5 6 7 8 9 10

Do you have questions or concerns about your current diet? Yes No

Would you prefer a male or female trainer? Male Female No Preference

Approximately how many sessions would you like to work with a trainer?

- One
- Two
- Three or more
- Five or more
- Ten or more

How many days per week would you like to work with a trainer and the duration?

- One per week
- Two per week
- Three per week
- Four or more per week
- 30-minute session
- 45-minute session
- 60-minute session

What days and times work best for you to meet with a trainer? (Please specific EXACT times in the boxing below)

	Early Morning (5am-8am)	Morning (9am-11am)	Afternoon (12pm-3pm)	Evening (4pm-8pm)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

What injuries or health concerns should your trainer be aware of? Please list any health concerns. If you have none, please enter N/A.

Is there other information you'd like your trainer to know, or do you have any questions you'd like your trainer to address?
