

# PERSONAL TRAINING REQUEST FORM



## NEW CLIENT DATA SHEET

### CLIENT INFORMATION

Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

### PREFERENCES

Personal Trainer Preference:    Male    Female    Trainer's Name \_\_\_\_\_  
Preferred Training Days:    Mon    Tues    Wed    Thurs    Fri    Sat    Sun  
Preferred Training Time:    Mornings    Afternoons    Evenings

Please specify any training/exercise preferences:

### MEDICAL INFORMATION

**Please list all health concerns, injuries or exercise restrictions.**

Please note that if you answer yes to any of the Par-Q questions you will be required to present a doctor's note by the time your consultation.

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How did you hear about our Personal Training services?

### ADMINISTRATION ONLY

Date Received: \_\_\_\_\_ Staff Name: \_\_\_\_\_  
Trainer Assigned:     Yes     No    Trainer Name: \_\_\_\_\_  
Trainer Reply: \_\_\_\_\_  
Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_