

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.

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: _____