



**New Client
Information Form**

Today's Date: _____

PERSONAL INFORMATION

Please Check One: ___ Student ___ Faculty/Staff
 ___ Alumni Assoc Member ___ ISU Affiliate
 ___ Spouse-Student ___ Spouse-Faculty/Staff

Please Check One: ___ Dr. ___ Rev ___ Mr. ___ Mrs. ___ Ms.

Name: _____ Male ___ Female

Date of Birth: _____ ISU Card #: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

Email address: _____ How frequently do you check email? _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: (____) _____

TRAINING INFORMATION

What personal training service are you purchasing?
___ 6 ___ 12 ___ 18 ___ Fitness Assessment ___ Weightroom Orientation ___ Jump Start

When is the best time to contact you by phone? _____

When would you like to begin your personal training program? _____

What day(s) and time(s) are you looking to schedule your personal training sessions? _____

Trainer Preference: ___ Male Trainer ___ Female Trainer ___ No Preference

Is there a particular trainer with whom you would like to work with? _____

Additional Comments: _____

How did you hear about the Personal Training Program: ___ Website ___ ISU Daily ___ Friend ___ Lied Rec

PHYSICAL ACTIVITY

1. Height:_____ Weight:_____
2. In the past year, how often have you engaged in physical activity?
____ Regularly (3-4 times/week)
____ Semi regularly (1-2 times/week)
____ Sporadic (1 to 2 times/month)
____ None
3. Please explain your current exercise regime **or** activities performed in the past:_____
4. What types of physical activities do you consider “fun”?_____
5. Please list any aerobics activities that you don’t like (i.e. bike, walking, aerobics classes):_____
6. Please list any strength training exercises that you don’t like:_____
7. What are your personal barriers for not exercising or sticking to a program?_____
8. How much time do you plan on spending on your workout program?
____ Minutes/Day ____ Day/Week

EXPECTATIONS

1. Why have you decided to begin or improve your exercise program?_____
2. Why have you decided to hire a personal trainer?
• Need motivation and accountability
• Improve physical fitness
• Weight loss
• Improve strength
• Boredom with current workout
• Want to learn more about fitness
• Other?_____
3. Specifically describe what you would like to accomplish in your personal training sessions?

4. Specifically describe what you would like to accomplish through your fitness program during the next:
• 1 month:_____
- 4 months:_____
- 1 year:_____

MEDICAL INFORMATION

Please indicate whether you CURRENTLY HAVE or PREVIOUSLY HAVE HAD a significant problem with any of the symptoms or conditions listed below:

Condition	Yes	No	Don't Know	Comments
Unexplained weight loss or gain				
Chronic fatigue				
Change in appetite				
Cancer				
Chest pain or pressure				
Chest pain with exertion				
Heart Attack				
Rapid or irregular heart beats				
Fainting, dizziness, or lightheadedness				
High blood pressure				
Stroke				
High blood cholesterol				
High blood triglycerides				
Diabetes				
Hypoglycemia/Low blood sugar				
Asthma				
Unexplained shortness of breath during physical activity				
Chronic joint or muscle pain				
Back pain				
Arthritis or Rheumatic condition				
Bone, joint, or muscular injury				
Surgical procedures				
Thyroid Disease				
Epilepsy				
Eating Disorder				
Persistent Headache				
Bursitis				

Comments: _____

Please list any additional medical concerns/conditions that might limit your ability to participate in this program (pregnancy, disability, recent surgery, etc.): _____

Please list current medications including over-the-counter medications, prescriptions, etc.

Medication	Dosage	For What?

Known Allergies (Environmental, Medications, Food, Etc.) _____

FAMILY MEDICAL HISTORY

Please indicate if any family member has had any of the following:

Medical Condition	Relationship	Comments
Heart attack		
Stroke		
Cardiovascular disease		
High blood pressure		
High cholesterol		
Diabetes		
Obesity		
Cancer		
Osteoporosis		
Other		

