



1150 18th Street, NW  
Suite 130  
Washington, DC 20036  
(202) 775-9400  
[benchgym@aol.com](mailto:benchgym@aol.com)  
[www.benchgym.com](http://www.benchgym.com)

### Personal Fitness Info Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

\_\_\_\_\_ Phone (W): \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What are your preferred days & time to schedule your Personal Training Session?

Days						
Time						

Referred by: Name: \_\_\_\_\_ Tel: \_\_\_\_\_

### FITNESS QUESTIONNAIRE

**Short Term Fitness Goals:** *(Weight Loss; Tone; Strength; Body Fat; Core; Muscle Size-Specify Body Parts if needed; Endurance; Cardio; Balance; Flexibility; Posture; Energy; Sports Specific)*

\_\_\_\_\_

**Long Term Fitness Goals:** \_\_\_\_\_

Have you had a personal fitness trainer before?  No  Yes *If yes, when:* \_\_\_\_\_

Are you currently involved in an exercise or sports activity?  No  Yes

*If yes, specify activity?* \_\_\_\_\_

Do you consider yourself:  Sedentary  Lightly Active  Moderately Active  Highly Active

Client's Expectations from a Personal Trainer: \_\_\_\_\_

### HEALTH HISTORY:

Do you recently suffer from any muscle aches/pains/joints injuries or operations?  No  Yes

Details: \_\_\_\_\_

Did you have any previous injuries or operations?  No  Yes

If yes. Date: \_\_\_\_\_ Details: \_\_\_\_\_

Date: \_\_\_\_\_ Details: \_\_\_\_\_

Is there anything else that we should be aware of? \_\_\_\_\_

*Note: Always consult your doctor before starting any physical fitness training program.*

The information detailed herein is to the best of my knowledge and I hereby consent to participate in an exercise program based upon the information given above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_