ClientSnap

Client Information Form

Complete this form before your first training session

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Emergency Contact

Name

Relationship

Phone Number

Health History

Current Medications (list all)

Known Allergies

Do you have any of the following conditions? (check all that apply)

- [ ] Heart disease
- [ ] High blood pressure
- [ ] Diabetes
- [ ] Asthma
- [ ] Arthritis
- [ ] Back problems
- [ ] Joint issues
- [ ] None of the above

Physical Restrictions & Injuries

Current injuries or physical limitations (be specific about affected areas)

Past injuries or surgeries relevant to exercise

Fitness Background

Current activity level

- [ ] Sedentary
- [ ] Light (1-2x/week)
- [ ] Moderate (3-4x/week)
- [ ] Active (5+x/week)

Previous exercise experience

Training Preferences

Preferred training days

Preferred training times

Preferred communication method

- [ ] Text
- [ ] Phone call
- [ ] Email
- [ ] WhatsApp

Client Signature

Date