

# New Client Fitness Assessment Form

Complete all sections before your first training session

## 1. Personal Information

Full Name

Date of Birth

Email

Phone

Emergency Contact (Name & Phone)

Occupation (helps us understand your daily activity and posture)

## 2. Health History

Current medications (list all)

Past injuries or surgeries

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

- ☐ Heart disease or condition   ☐ High blood pressure   ☐ Diabetes   ☐ Asthma or breathing issues   ☐ Arthritis  
☐ Back pain   ☐ Joint problems   ☐ Pregnancy

Have you received medical clearance for exercise?

- ☐ Yes   ☐ No   ☐ Not needed

## 3. Physical Restrictions (Critical - Review Before Every Session)

Areas of pain or discomfort (be specific about location and severity)

Exercises or movements you should avoid

#### 4. Fitness Background

Current exercise routine (if any)

Experience level

☐ Beginner ☐ Some experience ☐ Intermediate ☐ Advanced

Activities you enjoy

Activities you dislike or want to avoid

#### 5. Goals & Motivation

What are your top 3 fitness goals?

1

2

3

Target timeline for goals

Why is now the right time to focus on fitness?

#### 6. Lifestyle Factors

Average sleep per night

Stress level (1-10)

Daily water intake

Meals per day

Available days/times for training

Client Signature

Date

By signing, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that withholding health information may put me at risk during exercise. I agree to notify my trainer of any changes to my health status.