Personal Training Consultation Form

Resonance Personal Training

Date:

Client Information:

- **Full Name: _____**
- **Date of Birth: _____**
- **Address:_____**
- **Phone Number: _____**
- **Email Address:_____**

Health and Fitness Background:

Medical History:

- Do you have any chronic illnesses or conditions?

  _____

- Are you currently taking any medication?

  _____

- Have you had any surgeries in the past year?

  _____

Injury History:

- Have you experienced any injuries that may affect your ability to exercise?

  _____

Physical Activity Level:

- Describe your current level of physical activity.(very active-sedentary)

  _____

Nutritional Habits:

- Do you consider your current diet to be healthy? Where could it use improvement?

_____

Fitness Goals and Preferences:

Primary Fitness Goals:

- What are your main fitness goals? (e.g., weight loss, muscle gain, improving flexibility)

_____

- In what time frame do you hope to achieve these goals?

_____

Exercise Preferences:

- What types of exercise do you enjoy or prefer?

_____

- Is there an exercise you would like to learn?

_____

Availability:

- What days and times are you available for training sessions?

_____

Motivation and Challenges:

- What motivates you to achieve your fitness goals?

_____

- What obstacles or challenges have hindered your progress in the past?

_____

Additional Information:

- Any other concerns or preferences that you would like to discuss:

_____

Client Acknowledgment:

I, [ ], acknowledge that the information provided is accurate to the best of my knowledge and will be used to develop a personalized training program that aligns with my fitness goals and needs.

Client's Signature: _____

Date: _____