Personal Training Program
Consultation and Fitness Assessment

Name: ___________________________________________ Date: _________________________________

1. What is your primary fitness goal?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. When would you like to achieve this goal? _________________________________________________

3. On a scale from 1-10 how important is this goal to you? _________________________________

4. Do you have any injuries/physical limitations?
_____________________________________________________________________________________
_____________________________________________________________________________________

5. Tell me about your previous workout history.
_____________________________________________________________________________________
_____________________________________________________________________________________

6. What did you enjoy about your previous workout program? Any dislikes?
_____________________________________________________________________________________
_____________________________________________________________________________________

7. How you ever worked with a personal trainer in the past? If so, when? Was it a positive experience?
_____________________________________________________________________________________

8. What is your current workout routine?
_____________________________________________________________________________________
_____________________________________________________________________________________

9. What activities do you enjoy now?
_____________________________________________________________________________________
_____________________________________________________________________________________

10. Tell me about your daily food AND water intake.
_____________________________________________________________________________________
_____________________________________________________________________________________

11. On a scale from 1-10, how would you rate your current health? ________________________________
ASSESSMENT:

HEIGHT:__________ WEIGHT:__________ AGE:__________

RESTING BLOOD PRESSURE:__________ RESTING HEART RATE:__________

BODY COMPOSITION – HANDHELD ANALYZER
BODY FAT %: __________ BMI: __________

AND/OR

7-SITE BODY COMPOSITION:
CHEST: ______ ______ TRICEP: ______ ______ ______ SUBSCAPULAR: ______ ______ ______
MIDAXILLARY: ______ ______ ______ SUPRAILIAC: ______ ______ ______
ABDOMINAL: ______ ______ ______ THIGH: ______ ______ ______

CIRCUMFRENCES:
CHEST: ______ ______ WAIST: ______ ______ HIPS: ______ ______
BICEP: (R)_______ (L)_________ THIGH: (R)_______ (L)_______ CALF: (R)_______ (L)_______

ACTIVE RANGE OF MOTION:
Flexion / Extension (Neck, Shoulder, Elbow, Hip, Knee):
__________________________________________________________________________________________

Rotation (Neck, Trunk):
__________________________________________________________________________________________

Circumduction (Shoulder, Hip):
__________________________________________________________________________________________

Abduction / Adduction (Shoulder, Hip):
__________________________________________________________________________________________

Horizontal Abduction / Horizontal Adduction (Shoulder):
__________________________________________________________________________________________

Supination / Pronation (Wrist): ________________________________________________________________
Inversion / Eversion (Ankle): ________________________________________________________________

ADDITIONAL NOTES: ________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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