



**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: _____
