

# Personal Training Assessment Form

## Personal information

Name:

Gender:

Age:

Phone:

Email:

Address:

## Medical history

Diseases (if any):

Chronic conditions (if any):

Past surgeries (if any):

Medications (if any):

Allergies (if any):

## Fitness or exercise history

Have you ever participated in any sports, physical training, fitness activities, or training programs before?

Yes      No

If yes, please describe:

Do you have any preferred exercises or activities?

Yes No

If yes, please describe:

Have you suffered any past injuries or chronic pain due to your activities?

Yes No

If yes, please describe:

### Lifestyle or health habits

Do you smoke?

Yes No

How often:

Do you consume alcohol?

Yes No

How often:

Average hours of sleep per night:

Rate your daily stress levels from 1-10, with 10 being highly stressed:

1 2 3 4 5 6 7 8 9 10

How often do you exercise:

What type of exercises do you usually do:

Please describe your typical daily diet:

### Fitness goals

What are your primary fitness goals? (Please check all that apply.)

Weight loss

Increased flexibility

Muscle gain

Improved endurance

Other:

**Fitness assessments****Body measurements (to be filled out by the trainer):**

Weight:

Height:

Body fat %:

Other:

**Other test results (to be filled out by trainer):**

Cardiovascular fitness

Muscular strength

Notes:

Notes:

Endurance

Flexibility

Notes:

Notes:

Other:

Notes:

**Waivers or consent**

I, \_\_\_\_\_, understand that participating in a fitness program has certain risks, and I hereby release \_\_\_\_\_ from any liability for injuries or damages incurred during the training program.

Signature:

Date:

I, \_\_\_\_\_, consent to the use of my information solely to develop a personalized fitness plan, and I understand that this information will be kept confidential.

Signature:

Date:

**Trainer's notes**

**Initial assessment notes:**

**Training plan recommendations:**

Name:

Signature:

Date: