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: