

## **PERSONAL TRAINING CONSULTATION FORM**

(Please e-mail the completed copy to [caitlin.pruden17@gmail.com](mailto:caitlin.pruden17@gmail.com))

### **Part I: Personal Information**

Name:

Today's Date:

Date of Birth:

Home Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Mobile Phone:

E-Mail:

How did you hear about personal training with Caitlin Pruden?

What are the reasons you are interested in personal training?

### **Part II: Medical Information**

Please list the following:

Current Medical Conditions/Injuries:

Prior Surgeries:

Current Medications:

### **Part III: Fitness Information**

How often do you take part in physical exercise?

5-7 times per week

3-4 times per week

1-2 times per week

Never

Briefly describe some of the things you like/dislike about exercising:

If your participation is lower than you would like it to be, what are the reasons?

Lack of interest

Lack of time

Injury

Other Please Specify:

What activities are you presently involved in?

- Cardio/Sports                      Type:                                      Frequency:
- Strength Training                      Type:                                      Frequency:
- Stretching                              Type:                                      Frequency:

**Part IV: Nutrition**

*On a scale of 1-10, how would you rate your nutrition (1=very poor, 10=excellent)?*

*Do you ever skip meals?*                                       YES                       NO                       Occasionally

*At work, do you usually eat out or bring your own food?*                                       Eat Out                       Bring Food

*How many times a week do you eat out?*

*How many servings of soda do you drink per day on average?*

*How many servings of alcohol do you have per week on average?*

*How many cups of water do you drink per day?*

*Besides hunger, for what other reasons do you eat?*

- Bored                       Stressed                       Depressed                       Nervous                       Social
- Tired                       Happy                       Other                      *Please Specify:*

*Do you eat past the point of fullness?*                                       YES                       NO                       Occasionally

**Part V: Personal Goals**

*Please list some short-term goals you expect to achieve:*

*Please list some long-term goals you expect to achieve?*

*Do you have any health-related goals (i.e. lower blood pressure, lower cholesterol)?*                                       YES                       NO

*If YES, please describe:*

*Do you have any specific goals related to body composition (i.e. weight loss, muscle mass gain)?*                                       YES                       NO

*If YES, please describe:*

*Do you have any nutrition-related goals?*

YES

NO

*If YES, please describe:*

*Do you wish to achieve any of the above goals within a specific time frame?*

YES

NO

*If YES, please describe:*