

Personal Training Interest Form

Name _____ Date _____

Age _____ Gender: MALE FEMALE

Company _____ Department _____

Daytime Phone (____) _____ Email _____

Personal Training Preferences:

I prefer a: ___ Male Trainer ___ Female Trainer ___ Doesn't matter

Check all that apply:

___ I prefer to be trained in the morning

List any specific time you would like to be trained:

___ I prefer to be trained in the afternoon

___ I prefer to be trained in the evening

Health History: (please list problem and medication if applicable)

Bone or joint problems _____	Heart Disease _____
High Blood Pressure _____	High Cholesterol _____
Diabetes _____	Other _____

What is your current exercise program:

Strength:

Cardio:

Please list your main 2 goals that your trainer will help you meet:

1.

2.

Comments:

A personal trainer will contact you within 24 hours of receiving this form.