PERSONAL TRAINING CONSULTATION FORM

Welcome!

Welcome to TNG Fitness! I am thrilled to work with you on your fitness journey. To create a training plan tailored to your unique goals, lifestyle, and needs, I kindly ask you to complete this consultation form. Your information will remain confidential and will help me provide the highest level of service. Thank you for trusting me with your fitness goals— I look forward to helping you achieve them!

Personal Information

Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Email _____

Preferred Communication Method

☐ Phone Call ☐ Text Message ☐ Email

Emergency Contact

Name: _____

Relationship: _____

Phone #: _____

Fitness Goals

What are your primary fitness goals? (Check all that apply):

☐ Weight Loss ☐ Muscle Gain ☐ Improve Strength ☐ Increase Endurance

☐ Enhance Flexibility ☐ Sports-Specific Training ☐ Other: _____

Please describe your short-term (3 months) and long-term (1 year) fitness goals:

Short Term: _____

LongTerm: _____

What motivates you to achieve these goals?

_____

_____

Current Fitness Level

How would you describe your current fitness level?

☐ Beginner ☐ Intermediate ☐ Advanced

How often do you currently exercise?

☐ Rarely ☐ 1–2 times/week ☐ 3–4 times/week ☐ 5+ times/week

What type of exercise do you currently do? (e.g., running, yoga, strength training):

_____

_____

Do you have experience with personal training or group fitness classes?

☐ Yes ☐ No If yes, please describe: _____

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Health and Medical History

Do you have any current or previous injuries, surgeries, or medical conditions?

☐ Yes ☐ No If yes, please describe: _____

Are you currently taking any medications?

☐ Yes ☐ No If yes, please list: _____

Have you been advised by a doctor to avoid any specific activities?

☐ Yes ☐ No If yes, please specify: _____

Do you experience any of the following? (Check all that apply):

☐ Chest Pain ☐ Dizziness ☐ Joint Pain ☐ High Blood Pressure

☐ Muscle Pain ☐ Shortness of Breath ☐ Other: _____

Are you pregnant or postpartum?

☐ Yes ☐ No

What is your current height and weight?

Height: _____

Weight: _____

Lifestyle Information

What is your occupation? _____

How many hours a day do you spend sitting?

☐ Less than ☐ 4–6 ☐ 6–8 ☐ More than 8

On a scale of 1–10, how would you rate your stress level?

(1 = Low, 10 = High): _____

How many hours of sleep do you get on average per night?

☐ Less than ☐ 4–6 ☐ 6–8 ☐ More than 8

How would you describe your nutrition?

☐ Excellent ☐ Good ☐ Average ☐ Poor

Do you follow any specific diet or nutritional plan?

☐ Yes ☐ No If yes, please describe: _____

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Preferences

What days and times are you available for training sessions?

Preferred Days: _____

Preferred Times: _____

Do you prefer working out:

☐ At a gym ☐ At home ☐ Outdoors ☐ Virtual/Online

Are there any exercises or activities you particularly enjoy or dislike?

Enjoy: _____

Dislike: _____

Liability Waiver and Consent

I, _____, understand that I am participating in physical fitness activities at my own risk. I confirm that I have disclosed any relevant medical history and agree to inform my trainer of any changes. I release TNG Fitness and trainers from liability for injuries that may occur during or after training sessions.

Client's Signature: _____ Trainer's Signature: _____

Date: _____ Date: _____

For Trainer Use Only (Optional)

Notes on Initial Consultation:

_____

_____

Initial Assessment Results:

Strength: _____

Endurance: _____

Flexibility: _____