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Personal Fitness Info Form

Name: _____ Date: _____

Address: _____ Phone (Mobile): _____

_____ Phone (W): _____

E-mail: _____@_____

D.O.B.: _____ Age: _____ Height: _____ Weight: _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Phone: _____

What are your preferred days & time to schedule your Personal Training Session?

Days						
Time						

Referred by: Name: _____ Tel: _____

FITNESS QUESTIONNAIRE

Short Term Fitness Goals: *(Weight Loss; Tone; Strength; Body Fat; Core; Muscle Size-Specify Body Parts if needed; Endurance; Cardio; Balance; Flexibility; Posture; Energy; Sports Specific)*

Long Term Fitness Goals: _____

Have you had a personal fitness trainer before? No Yes *If yes, when:* _____

Are you currently involved in an exercise or sports activity? No Yes

If yes, specify activity? _____

Do you consider yourself: Sedentary Lightly Active Moderately Active Highly Active

Client's Expectations from a Personal Trainer: _____

HEALTH HISTORY:

Do you recently suffer from any muscle aches/pains/joints injuries or operations? No Yes

Details: _____

Did you have any previous injuries or operations? No Yes

If yes. Date: _____ Details: _____

Date: _____ Details: _____

Is there anything else that we should be aware of? _____

Note: Always consult your doctor before starting any physical fitness training program.

The information detailed herein is to the best of my knowledge and I hereby consent to participate in an exercise program based upon the information given above.

Signature: _____ Date: _____