



Health and Fitness Profile

Name _____ Phone# _____ Age _____

Start Date _____ Review Date _____ Trainer _____

Do you currently have any injuries that may limit your physical activity? (Y) (N) If yes please explain:

Has your physician ever advised you against exercise? (Y) (N) Are you currently in physical therapy? (Y) (N)

Have you had any major surgeries in the last 6 months? (Y) (N) If yes please explain: _____

Are you currently taking any prescription medications? (Y) (N) If yes please explain:

Medical History (Please circle if applicable)

Diabetes	Y	N	If yes please explain: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
High Blood Pressure	Y	N	
High Cholesterol	Y	N	
Smoke or use Tobacco	Y	N	
Angina/Chest Pain	Y	N	
Heart Murmur	Y	N	
Irregular Heart Beats	Y	N	
Arthritis	Y	N	
Osteoporosis	Y	N	
Thyroid Problem	Y	N	
Stroke	Y	N	
Heart Attack	Y	N	
Asthma	Y	N	
Breathing Difficulty	Y	N	
Other	Y	N	

List any vitamins or supplements you take _____

How many alcoholic drinks do you have per week? _____

How many glasses of water do you drink per day? _____

What is your typical diet like per day?

Time _____ Foods _____

Time _____ Foods _____

Time _____ Foods _____

Time _____ Foods _____

Time _____ Foods _____

Time _____ Foods _____

What is your occupation? _____

Please list any physical activities that you currently pursue (recreation)

Have you worked with a trainer before? (Y) (N)

If yes, what did you enjoy most about it? _____

What would you consider your exercise level to be? BEGINNER INTERMEDIATE ADVANCED

What is your main fitness goal(s)? _____

What time frame would you like to achieve your goal? _____

Why is this important to you? _____

On a scale of 1-10 how motivated are you to reach your goal? _____

What would it take to make it higher? _____

What days and times are you planning on exercising?

Mon _____ Tues _____ Weds _____ Thur _____ Fri _____ Sat _____ Sun _____

In terms of exercise, will you need more: EDUCATION MOTIVATION ACCOUNTABILITY

What do you expect to learn from the trainer during your first appointment?

I have disclosed, to the best of my knowledge, all physical information prior to beginning the training program. I will adhere to the direction of the trainer and will not hold the trainer or Being Fit responsible for lack of results or injury.

Member Signature _____ Date _____

Trainer Notes



Health and Fitness Profile

Body Composition

Age _____

Weight _____

Height _____

Body Fat % _____

LBM _____

Fat Mass _____

Bi _____

Tri _____

Sub _____

IC _____

Total _____

Circumference Measurements

Neck _____

Chest _____

Waist _____

Hips _____

Thigh _____

Arm _____

Calf _____

Cardio Data

RHR _____ Zone1 (65%) _____ - (75%) _____

THR _____ Zone2 (76%) _____ - (85%) _____

MaxHR _____ Zone3 (86%) _____ - (95%) _____

Overhead Squat

Trainer Notes:

Anterior

FEET	Left Yes/No	Right Yes/No
Turn Out		
KNEES		
Move In		
Move Out		

Lateral

LPHC	Yes/No
Forward Lean	
Low Back Arches	
Low Back Rounds	
UPPER BODY	
Arms Fall Forward	

Posterior

FEET	Left Yes/No	Right Yes/No
Foot Flattens		
Heel Rises		
LPHC		
Asym. Weight Shift		