

Health Coaching Questionnaire



Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Age: _____ Weight: _____ Gender: Male _____ Female _____

Preferred Trainer Gender: Male _____ Female _____ No Preference _____

Describe your Fitness Background (Do you work out regularly? Did you play any sports? What kind of training are you accustomed to?)

What are your goals for getting personal training? (Weight loss, strength, speed, muscular endurance, cardio fitness, flexibility, agility, balance, self-confidence, energy, etc.)

What is your available time and days for exercise?

M T W Th F Sat Sun

Days:

Time: AM _____ PM _____

Are there any special requests or medical considerations?

