

**PERSONAL TRAINING CLIENT INFORMATION FORM**

Congratulations for choosing a personal trainer at The Birdcoop! To help you not only reach but also excel with your fitness and lifestyle goals. The information you provide below aids your personal trainer to develop the best-suited program for your needs. All information provided below is confidential.

**PLEASE COMPLETE AND RETURN THIS FORM TO THE BIRDCOOP PRIOR TO YOUR 1<sup>ST</sup> SESSION**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Sedentary or Active

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best time and way to be contacted: \_\_\_\_\_

**LIFESTYLE AND FITNESS**

Are you taking any medications, vitamins or supplements? \_\_\_\_\_ If yes please list: \_\_\_\_\_

\_\_\_\_\_ Are there any side effects? \_\_\_\_\_

List any potential "sabotage activities" IE: junk food, alcohol, desserts etc: \_\_\_\_\_

How physically active are you presently? Times per week: \_\_\_\_\_ Length: \_\_\_\_\_

Type: \_\_\_\_\_

What type of exercise do you enjoy most? \_\_\_\_\_ If your fitness level is low please explain \_\_\_\_\_

Best time to exercise? \_\_\_\_\_ Times per week wanted: \_\_\_\_\_

Have you had a Personal Trainer before? \_\_\_\_\_ Reason for choosing a trainer? \_\_\_\_\_

**GOAL SETTING**

Number the areas you would like to improve by priority, number 1 being most important to you.

Increase Energy: _____	Decrease health risks: _____	Sleep better: _____
Gain lean muscle: _____	Improve eating habits: _____	Reduce stress: _____
Reduce body fat: _____	Decrease injury pain: _____	Increase health: _____
Tone and shape: _____	Other: _____	Areas to improve: _____

Goals: \_\_\_\_\_ Achievement date: \_\_\_\_\_

**MOTIVATION SCALE 1 – 5 (please circle one)** (Not very motivated) 1 2 3 4 5 (Very motivated)

**INFORMED CONSENT**

I, \_\_\_\_\_, on \_\_\_\_\_ understand the risks related to starting an exercise program. I have signed a Birdcoop Waiver. This is my informed consent to be placed on a personal exercise program with my Personal Trainer to improve my overall wellness.

**Please note: Trainers require 24 hours cancellation notice for a booked session.  
If it is less than 24 hours you will be charged for the session.**

\_\_\_\_\_  
Witness name

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Parent or Legal Guardian signature



