

Personal Fitness Training Questionnaire

CLIENT INFORMATION:

Name: _____

Address: _____

Phone: (h) _____ (w) _____ email _____

Gender : M F Age: _____

Occupation: _____

Physician (name): _____ Phone: _____

MEMBER TYPE:

STUDENT

CAMPUS REC MEMBER

NON-MEMBER

BEST TIME TO CALL TO BOOK APPT _____ PREFERRED APPT. TIME _____

PREFERRED TRAINER (name) _____

PERSONAL TRAINING PACKAGES:

Please indicate which package you are purchasing:

Fitness Appraisal

Posture Assessment

Nutrition Consult

Basic

Premium-(check one)

Comprehensive-(check two)

A – Fitness Appraisal

A – Fitness Appraisal

B – Posture Assessment

B – Posture Assessment

C – Nutrition Consultation

C – Nutrition Consultation

Hour Package (please indicate duration)

1hr

3hr

5hr

10hr

20hr

Youth Training

PARE or PET Training

A-PREP

Other: _____

As we are a teaching facility, we often have students who need to complete practicum hours with clients. Would you agree to have a practicum student present during your appointment(s)? Y N

Would you prefer your Trainer to be: male female no preference

Would you prefer your appointment(s) be conducted in:

Fitness Centre Private Training Studio no preference

How did you hear about our programs?

guide at newsstands

U of C website

physician referral

friend referral

Yellow Pages

other

