

Client Profile Worksheet



TO BE COMPLETED BY CLIENT AND RETURNED TO THE PERSONAL TRAINER:

Date: _____

First Name:

Height (feet, inches):

Last Name:

Date of Birth:

Gender: Male Female If female, are you lactating or pregnant? Yes No

Do you have any known medical conditions that may prevent you from participating in regular exercise?

Yes No

If yes, list:

Which best describes your diet needs? Check one:

Balanced Vegetarian Low Carb Low Fat Body Builder Performance (endurance)

Which of the following statements best describes you? Check one:

I can eat practically anything I want and not gain weight. I find it very hard to gain weight.

I can lose or gain weight by adjusting my activity level and eating habits.

I find it difficult to lose weight. I can gain weight easily and have to watch what I eat.

What are your goals? Check one: Weight Loss Weight Gain Weight Management

Goal Weight:

Goal Date:

Do you have access to the Internet: Yes No

E-mail:

Check the box that best describes your lifestyle or what you do during the day (non-exercise related)

Sedentary - Seated for most of the day. Office workers/desk jobs (includes inside sales, administrators, lawyers, financial services, marketing), students with minimal walking, homemakers with light housework, people who do a lot of driving fall into this category.

Moderately Active – On your feet for most of the day. Service employees (includes retail workers, customer service, cashiers, bank tellers, teachers, nurses, factory lineperson (light lifting), light cleaning services) and homemakers who do chores throughout the day fall into this category.

Active – On your feet doing tasks that involve lifting and/or carrying of objects. Factory workers, postal warehouse fall into this category.

Very Active – On your feet and doing tasks that involve heavy lifting/moving of objects or stooping (includes labor masons, landscapers and moving services fall into this category).

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**TO BE COMPLETED BY CLIENT BY THE PERSONAL TRAINER: Date: _Weight: _Body
 Fat %: Skinfold Measures (mm) (Parrillo Caliper Method).**

BMI:

Men:			Women:		
Chest	Bicep	Suprailiac	Chest	Bicep	Suprailiac
Abdominal	Tricep	Lower Back	Abdominal	Tricep	Lower Back
Thigh	Subscapular	Calf	Thigh	Subscapular	Calf