##

## Personal Training Inquiry

Name:

Dob:

Address:

Email:

List any medical conditions that may interfere with personal training:

Have you ever worked with a trainer?: If so, how long ago?:

What are your goals you are hoping to accomplish with training?

On a scale of 1 to 10 how serious are you on reaching your goals:

Tell me your biggest struggle with reaching your goals:

Are you wanting to train for a special occassion?

If so, when is your deadline?

Outline your current exercise routine for 1 week:

Are you open to making permanent changes in order to maintain results?