

## Personal Training Exercise History and Fitness Goals

Name: \_\_\_\_\_

- Please check any current problems/chronic conditions or past orthopedic surgeries.

\_\_\_\_ Neck

\_\_\_\_ Back

\_\_\_\_ Knees

\_\_\_\_ Shoulders

\_\_\_\_ Hips

\_\_\_\_ Ankles

- Please elaborate on anything checked above. Also, describe any other injuries/surgeries that may limit your exercise. \_\_\_\_\_

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- Are you currently participating in physical fitness activities?  Yes  No

If yes, how often (per week) and how long (per session)? \_\_\_\_\_

- Please indicate any activities you do on a regular basis (i.e., strength training, jogging, yoga). \_\_\_\_\_

- Please circle your exercise intensity level on the following scale.

Easy

1

2

3

4

5

6

7

8

Very Hard

9

10

- If not currently active, have you ever participated in regular physical fitness activities?  Yes  No  
If yes, when and for how long? \_\_\_\_\_

Why did you stop? \_\_\_\_\_

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- What are your fitness goals? Please be specific (i.e., lose/gain 10 lbs, lose 2 pants sizes, run 1 mile.) \_\_\_\_\_