Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What results do you wish to achieve?*

|  |  |  |
| --- | --- | --- |
| **□** Reduce body fat | **□** Strength Training | **□** Weight Loss |
| **□** Stress Management | **□** Reshaping | **□** Increase fitness |
| **□** Sports Conditioning | **□** Improve Muscle Tone | **□** Improve Flexibility |
| **□** Rehabilitation | **□** Tone | **□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Where do you want to achieve your results?*

|  |  |  |
| --- | --- | --- |
| **□** Thighs | **□** Back | **□** Lower Back |
| **□** Stomach | **□** Arms | **□** Hips |
| **□** Buttocks | **□** Shoulders | **□** Waist |
| **□** Chest | **□** Calves | **□** Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

When would you like to achieve these results? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why would you like to achieve these results then? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days a week do you wish to exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been thinking about it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has kept you from starting sooner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale from 1 – 10 how important is it for you to achieve your results?

1 2 3 4 5 6 7 8 9 10

Why is it so important for you to achieve these results? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke? Yes No

Are you pregnant? Yes No

*Have you ever had or experienced?*

|  |  |  |
| --- | --- | --- |
| **□** Heart trouble/history | **□** Arthritis | **□** Epilepsy |
| **□** Pain in the chest | **□** Asthma | **□** Sports injury |
| **□** Faint or dizzy spells | **□** Bone or joint problems | **□** Depression |
| **□** High Blood Pressure | **□** Back Problems | **□** Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*I understand that my PT Expert™ is not able to provide me with medical advice with regard to any medical conditions I may have and that this information is used only as a guideline to the limitations of my ability to exercise. I will not hold my PT Expert™ liable in any way for any injuries that may occur while I am training.*

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_/\_\_\_\_\_ Your PT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_