



# Client Information Package

**Nancy McNeil**  
Certified Personal Trainer  
5837 Brier Ave, Duncan  
250-510-0595  
[www.forever-fit.ca](http://www.forever-fit.ca)  
[nancyisforeverfit@gmail.com](mailto:nancyisforeverfit@gmail.com)

Name \_\_\_\_\_ Date \_\_\_\_\_

**All information received on this form is strictly confidential.** This information is essential to develop a program that addresses your needs, goals and interests and is safe and effective.

Date of birth _____	Age _____	Height _____
Address _____		
Phone h) _____	w) _____	Cell _____
Email Address _____		
Occupation _____	Physician's Name _____	
Phone _____	Emergency contact _____	
Phone _____	Relationship _____	

How would you rate your present fitness level (1-very poor - 10 best) \_\_\_\_\_

How often do you exercise weekly? \_\_\_\_\_ Average length of time spent exercising \_\_\_\_\_

What activities are you presently involved in? \_\_\_\_\_

Do you do any stretching? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Do you prefer to exercise; **inside** \_\_\_\_\_ **outside** \_\_\_\_\_ **combination** \_\_\_\_\_

Do you like to exercise; large groups small groups alone combination

Early morning \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

What is the main reason you want a Personal Trainer? \_\_\_\_\_

\_\_\_\_\_

What types of fitness activities would you like to have? Do you have a location in mind?

\_\_\_\_\_

What are your goals within the next 1 – 3 months?

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What are your goals within the next 3 – 12 months? \_\_\_\_\_

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What are some of your favorite types of exercises? \_\_\_\_\_

What is the major obstacle that prevents you from having a regular fitness routine?

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Do your friends and family support your decision to exercise? \_\_\_\_\_

Do your friends/family exercise? \_\_\_\_\_ if yes, what sort of activity? \_\_\_\_\_

Realistically how many times per week, do you plan to exercise? \_\_\_\_\_

Realistically, how much time will you spend per work out? \_\_\_\_\_

What days of the week are you able to commit to your exercise program? \_\_\_\_\_

Approximately how much sleep do you get each night? \_\_\_\_\_

Do you feel you get adequate nutrition? \_\_\_\_\_

How many meals do you eat each day? \_\_\_\_\_

What do you snack on? \_\_\_\_\_

Do you take any supplements? Please list. \_\_\_\_\_

Do you smoke? \_\_\_\_\_ if yes, how many cigarettes/cigars per day? \_\_\_\_\_

What other information would help me create a program that best suits your needs?

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