



# Health & Fitness Orientation

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Date/Time: \_\_\_\_\_

Personal Trainer: \_\_\_\_\_

## Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: (Eve) \_\_\_\_\_ (Day) \_\_\_\_\_ Email: \_\_\_\_\_

Gender (check one): Male  Female  Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Person to contact in case of an emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

## Goal Exploration:

What is your primary reason for joining the center? \_\_\_\_\_

How do you envision your success with this goal in...

30 days \_\_\_\_\_

90 days \_\_\_\_\_

6 months \_\_\_\_\_

1 year \_\_\_\_\_

Have you succeeded in reaching this goal before on your own?  Yes  No.

If yes, what strategies helped you towards this goal? \_\_\_\_\_

If no, what obstacles (personal or professional) got in the way of achieving your goal? \_\_\_\_\_

What changes or adjustments have you made to ensure that these same obstacles will not get in the way this time? \_\_\_\_\_

How do you hope your membership in the fitness center will help you achieve your goal? \_\_\_\_\_

## Lifestyle Habits Review:

What regular activities do you do now? \_\_\_\_\_

How often? \_\_\_\_\_

What are your best days to workout (check all that apply):

Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Early Morning  Mid-morning  Noon  Mid-afternoon  Evening









