



### Personal Training Client Profile

For OFFICE only:

1. Patron has been matched with a trainer and purchased sessions? Yes\_\_\_ No\_\_\_
  - a. If you are taking client, please print name & date taken: \_\_\_\_\_

For PATRON:

1. Are you interested in starting with a personal trainer in the near future? Yes\_\_\_ No\_\_\_
  - a. What package are you specifically interested in: \_\_\_\_\_
2. Do you wish to receive a phone call or email regarding personal training? Yes\_\_\_ No\_\_\_

#### Client Information:

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Age \_\_\_\_\_ Gender: Male Female  
 Student Faculty Staff Other \_\_\_\_\_  
 Preferred Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Do you prefer contact by phone or email? \_\_\_\_\_  
 What hours may we call? \_\_\_\_\_

#### Personal Training Preferences:

I prefer a: \_\_\_ Male Trainer \_\_\_ Female Trainer \_\_\_ No Preference  
 I prefer to be trained in: \_\_\_ the morning \_\_\_ the afternoon \_\_\_ the evening-time  
 Times available: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_  
 F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

#### General Health History: (please list problem and medication if applicable)

High Blood Pressure? Yes\_\_\_ No\_\_\_ High Cholesterol? Yes\_\_\_ No\_\_\_  
 Diabetes? Yes\_\_\_ No\_\_\_ Other? \_\_\_\_\_  
 Do you have any specific injuries that will prevent you from performing certain exercises?  
 Yes\_\_\_ No\_\_\_ Explain \_\_\_\_\_  
 Do you have a current exercise program? Yes\_\_\_ No\_\_\_  
 If so, what is your current exercise program:  
 Strength: \_\_\_\_\_ Cardio: \_\_\_\_\_ Flexibility: \_\_\_\_\_

#### Please list two goals that you wish to achieve with your trainer:

- 1.
  - 2.
- Other Comments:

*You will be contacted by a personal trainer upon first availability that matches your schedule. If you have further questions, please email us at [fitness@saffairs.msstate.edu](mailto:fitness@saffairs.msstate.edu).*

**(PAR-Q to be completed on opposite side)**