



WELLNESS STARTS NOW

Share your goals and availability with us, and we'll match you with the best trainer to help you get the most out of your membership.

Name _____ Date _____

Birthdate _____ Occupation _____

Phone _____ Email _____

I'd like the following complimentary sessions (Check all that apply):

- 30-minute fitness floor orientation
- 55-minute Pilates demo
- 30-minute personal training demo orientation
- 10-minute In-Body orientation

What are the best days and times for you to work out? Please check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are you currently doing for your workouts?

What are your interests/goals? Please check all that apply.

- Weight Loss
- Flexibility
- Stress Reduction
- Yoga
- Strength Training
- Balance/Agility
- Increased Energy
- Other _____
- Body Sculpting
- Nutrition
- Group Exercise

Health History

- Has your doctor ever said that you have a heart condition? Yes No
- Do you feel pain in your chest when you do physical activity? Yes No
- In the past month, have you had chest pain when you were not doing physical activity? Yes No
- Do you lose your balance because of dizziness, or do you ever lose consciousness? Yes No
- Are you currently taking medication for blood pressure or a heart condition? Yes No
- Are you currently pregnant or have you given birth in the last 6 months? Yes No
- Have you had any recent surgeries? If yes, please explain. Yes No

If you answered YES to one or more questions, consult with your doctor before you start becoming more physically active and before you work with a trainer.



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1. What do you want to achieve with a personal trainer?

2. Are there any medical conditions or past injuries/surgeries that your trainer should know?

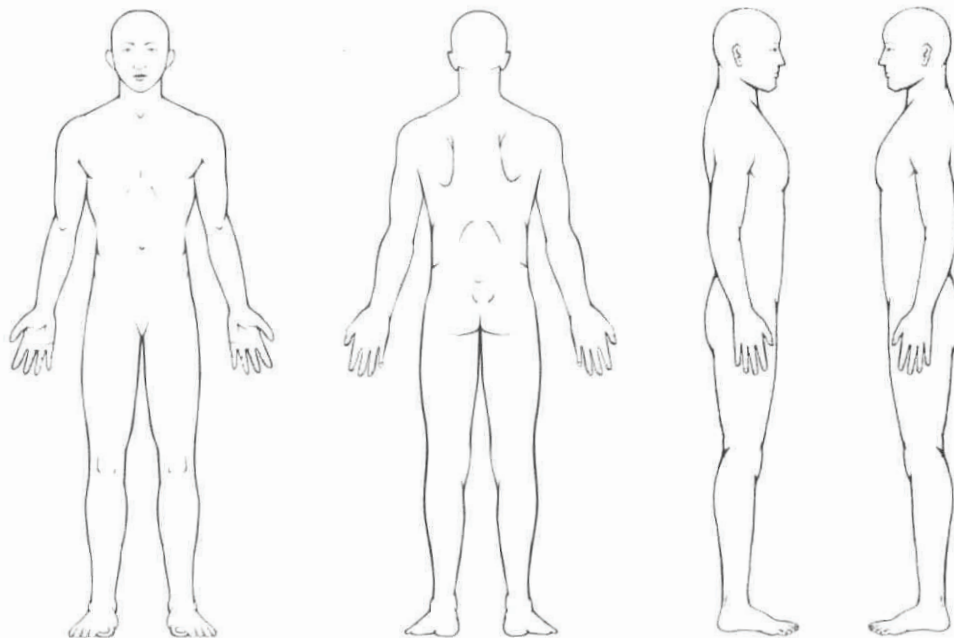
3. Do you have any specific concerns or requests regarding working out that your trainer should know?

Way to go! You're one step closer to 1:1 sessions with a personal trainer and reaching your wellness goals. We'll take it from here!

FOR PERSONAL TRAINER USE ONLY:

Orthopedic (injury to/pain in)

Please circle and number areas currently affected below and note any limitations.



NOTES

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Please list any additional comments you have related to Mindset, Nutrition, Movement and Recovery:
