

FICHA CLIENTE ENTRENADOR PERSONAL

CLIENT INTAKE FORM - PERSONAL TRAINING

PERSONAL DETAILS

Full name: Date of birth:

Phone: Email:

Ocupacion: Preferred schedule:

GOALS AND MOTIVATION

Main goal:

Estimated timeline: Commitment level (1-10):

Previous experience:

MEDICAL HISTORY AND INJURIES

Lesiones actuales o pasadas:

Current medication:

Relevant medical conditions:

Movement limitations:

BASIC PAR-Q QUESTIONNAIRE

Has your doctor ever said you have a heart condition? Yes No

Do you feel chest pain during physical activity? Yes No

Have you ever lost consciousness or balance due to dizziness? Yes No

Do you have any bone or joint problem that could worsen with exercise? Yes No

Do you take medication for blood pressure or the heart? Yes No

Do you know of any other reason why you should not exercise? Yes No

INITIAL MEASUREMENTS

Weight (kg): Height (cm): BMI:

Waist (cm): Hip (cm): Body fat %:

Date: Firma del cliente:

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