

Exercise History Form

1. Name: First _____ Last _____ Date _____

2. Address _____

3. Phone number (home) _____ Work _____ Cell _____

4. Age _____ Sex: M F

5. Height _____ Weight _____

6. Occupation _____ Physical _____ Non Physical _____

7. Do you currently exercise: Yes _____ No _____

If you answered yes how long have you been exercising? _____

Briefly explain the exercise program? _____

8. Rate yourself from on a scale 1 to 5 (indicating the lowest value and 5 the highest) the number that applies most closely:

a. Daily stress level:	1	2	3	4	5
b. Competitive personality (pertaining to physical activity)	1	2	3	4	5
c. Aerobic (endurance) fitness level:	1	2	3	4	5
d. Muscular (strength) level	1	2	3	4	5
e. Flexibility level	1	2	3	4	5

9. Check the description below that most closely describes your diet.

High fat, high sodium, low carbohydrate

Low fat, low sodium, high carbohydrate

Moderate fat, moderate sodium, moderate carbohydrate

Other: Briefly describe your typical dietary habits: _____

10. Are you on a calorie-restrictive diet?

Yes ___ No ___

11. Are you a currently a non smoker or smoker?

Yes ___ No ___

11. Based on your lifestyle, how much time can you comfortably allocate per workout session?

Check the answer that most closely applies:

45 minutes or less 45 to 60 minutes 60 to 90 minutes

12. Briefly describe the goal(s) you have set for your exercise program: _____

Please tell us which you prefer.

- Morning Personal Training Appointments_____
- Afternoon Personal Training Appointments_____
- Evening Personal Training Appointments_____
- Would you prefer a Male or Female Trainer? Please circle your choice

Thank You

Todd Filicchia

Health & Fitness Director