

# Island Health & Fitness Personal Training *New Client Information Sheet*

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**DATE:** \_\_\_\_\_

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Email: \_\_\_\_\_

4. Primary Phone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

5. What is the best time of day to call? \_\_\_\_\_

6. Have you ever worked with a trainer? \_\_\_\_\_

7. Do you prefer a male or female trainer? \_\_\_\_\_

8. Do you have a specific trainer that you would like to request? \_\_\_\_\_

9. What time of day would be most convenient to meet with a trainer? \_\_\_\_\_

10. What days of the week would it be possible to meet with a trainer? \_\_\_\_\_

11. How many sessions would you like to have with a trainer? \_\_\_\_\_

12. How did you hear about the Island Health & Fitness Personal Training Program?

Friend          HLA/Consult    Had a trainer before          Staff          Brochure

13. Briefly describe what you are seeking from our training staff (i.e. your goals):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Staff Use Only- Please do not write below this line***

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Trainer Assigned: \_\_\_\_\_

Date Called: \_\_\_\_\_

Follow-up calls: \_\_\_\_\_