

PERSONAL TRAINING FITNESS INTEGRATION FORM

Name: _____

Date: _____

Age: _____

Phone Number: _____

Days/Times available to train: _____

PFT sessions interested in: _____

Do you currently accumulate at least 30 minutes of moderate to high activity on most days of the week?

- Yes
- No

Do you currently participate in strength/resistance training?

- Yes
- No

How do you feel about your current weight?

- Would like to lose
- Would like to gain
- Satisfied with weight

Do you have any medical restrictions?

- Yes
- No

If Yes, Please Explain: _____

Why do you want to begin an exercise program?