



Personal Fitness Instruction Inc.
• Personal Training • Nutritional Consulting

1516 - 17th Avenue SW
Calgary, Alberta

TEL: 403-244-9059
FAX: 403-228-4348

EMAIL: oneononefitness@shaw.ca
WEB: oneononefitness.ca

Client Questionnaire

Date: Your Consultant today is:

The information contained herein is strictly confidential. Thank you for considering One on One Personal Fitness Instruction Inc. In order for us to design your fitness program, please help us by answering the following questions.

Name: Address:
City: Province: Postal Code:
Phone Residence: Business: Cell/Pager:
E-mail Address: Fax #:
Emergency Contact: Emergency Phone:

Date of Birth: Age: Height: Weight:
Marital Status:
Type of Employment:
Hours you work/week: # Days you work/week:

Please, tell us how you heard about One On One Personal Fitness Instruction.
Yellow Pages Impact Magazine: current previous Newsletter
Online Search Other (please specify) Personal Referral (name)

Health History

Family Physician: (name) Phone:
Other Health Professionals (physiotherapists, chiropractors, massage therapists etc ...)
Phone # Regarding
Phone # Regarding

Medications (please list):
Supplements (please list):
Stress Level(please rate, 1-little to no stress, 5-very high stress): 1 2 3 4 5
Smoker Non-smoker

Injuries / Conditions / Illnesses (please check those that apply to you)

- Achilles Tendon Injury Ankle Injury Eating Disorder
Arthritis Asthma Back Problems
Carpal Tunnel Syndrome Chronic Fatigue Syndrome Diabetes
High Blood Pressure Hip Problems / Injury Hypertension
Hyper / Hypo Glycemia Knee Problems / Injury / Surgery Migraine Headaches
Neck Problems Osteoporosis Osteoarthritis
Shoulder Injury Ulcer Wrist Pain / Injury / Surgery



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Further Information regarding your health history that may be relevant _____

Fitness and Lifestyle

1. Please describe your primary fitness/lifestyle goal. _____

2. What priority are you placing on achieving the fitness/lifestyle goal you described above?

Highest Priority _____ High Priority _____ Medium Priority _____ Low Priority _____

3. Do you have any concerns/comments about starting or changing your exercise program? (i.e. staying motivated, scheduling conflicts, past failures, injuries etc ...) _____

4. Why are you motivated to change your lifestyle at this time? (please check)

age _____ health concerns _____ self image _____ injury related _____

work/stress related _____ encouraged by spouse/friends/colleagues _____

other _____

5. Do you have exercise equipment available to you today? Yes No (If Yes, please name the fitness centre or list the equipment you have at home.) _____

6. Are you presently completing a strength training workout 2 or more times / week? YES _____ NO _____
(If Yes, please use the room at the end of this form to describe your program.)

7. Are you presently completing cardiovascular training (biking, swimming, running etc...)

3 times/week for 20 minutes (minimum) YES _____ NO _____

(If Yes, please use the space at the end of this form to describe your program.)

8. Does your job or family life require a significant amount of travel time? YES _____ NO _____

9. Please tell us a little more about yourself. What are your hobbies, likes, interests etc.?

When can you come to One On One? Tell us about your schedule.

Additional Notes

