

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

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

Trainer Assigned: _____

Date Called: _____

Follow-up calls: _____