

Client Questionnaire

Name: _____ Date: _____

Age: _____ Height: _____

Surgeries in the last 6 months: _____

Broken bones in the last 6 months: _____

Have you ever worked with a trainer before? _____

Current exercise regimen: _____

Goals: _____ Lose Weight _____ Tone _____ Gain Muscle

Time Frame: _____

How did you hear about FitJunkie? _____
