



FITNESS INSTITUTE *of* TEXAS™

THE UNIVERSITY OF TEXAS AT AUSTIN

Personal Training Client Pre-evaluation

Today's Date _____

Name _____ Gender _____ Age _____

Address _____

What is the best time(s) for the trainer to contact you? _____

Phone number(s) where you can be reached: (Cell) _____ (Work) _____

Email _____

In order for your trainer to better prepare for your sessions, please answer the following as thoroughly as possible:

What do you hope to gain from working with a personal fitness trainer?

Rank order the following areas (all that apply) indicating which you would be most interested in working on with your personal trainer. (1 = most important).

_____ Cardiovascular machines

_____ Weight Management

_____ Abdominal strength

_____ Free weights (beginner)

_____ Free weights (intermediate)

_____ Specific flexibility _____

How would you describe your exercise habits? Novice ☐ Seasoned, regular ☐ On and off ☐

What is your current workout routine? (What do you do, how often, how long?)

Do you have any past or current health issues that a trainer should know about? (i.e. heart disease, diabetes, joint instability, back or knee pain, physical disability, pregnancy, recent surgeries). Please provide details for any of the above or for others not listed.

Please turn the page over and answer the questions on the back. Thank you.

What *specific* questions do you have about fitness in general or your own fitness?

AVAILABILITY:

Please enter "Y" for yes, during ALL the times you are available to train.

If you have certain times that you prefer to train, please insert a "1" to indicate First Choice; we will attempt to match during those times.

After an appointment time is established, you will be asked to meet with your trainer at **the same times each week.**

The more availability you enter, the better your chances are of being matched with a trainer.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							