



B.L. FITNESS



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HEALTH EVALUATION FORM

Please complete and return to your Personal Trainer at least 2 days prior to your first scheduled session. All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping your trainer develop a program that addresses your needs, goals, and is safe and effective.

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Email: _____

Age: _____ Height: _____ Current Weight: _____

1. How much weight do You Want To Lose/Gain? _____ lbs
2. Why do You want to lose/gain this weight? _____
3. What have You tried in the past to accomplish goal? _____
4. Why do You feel those Programs didn't work? _____
5. What is Your Biggest struggle to lose/gain weight? _____
6. Do you exercise Regularly? YES NO What type and how often? _____

7. Do you eat 3 meals a day? YES NO if No, which meal do you skip? _____
8. What does your daily nutrition look like? BREAKFAST: _____
SNACK: _____
LUNCH: _____
SNACK: _____
DINNER: _____ TIME: _____
SNACK: _____
9. Do you have a snacking problem? _____ Favorite Snack? _____
10. What time do you have snack attack? DAYTIME / EVENING
11. Where is Your wanted/unwanted weight? _____
12. Do you smoke? YES NO How often? _____
13. Do You take any vitamins / Supplements currently? _____
14. How many glasses/ oz of Water do you drink daily? _____
15. Do you eat out? YES NO How often? _____
16. Where is You energy level on a scale of 1 to 10? (1: Dragging / 10: Bouncing) _____

17. Do You have any medical conditions? _____

18. Do you take any prescription medication? YES NO What is the medication for? _____

19. How much Sleep do you get per day? _____

20. What do you do for a living? _____

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S = Specific (Provide details, how long, how much etc.)

M = Measurable (How will you measure whether you've reached your goals)

A = Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals) .

Please circle how/when you prefer to exercise:

a) LARGE GROUPS SMALL GROUPS ALONE COMBINATION

b) MORNING AFTERNOON EVENING

Realistically, how often a week would you like to exercise? _____x/week

Realistically, how much time would you like to spend during each exercise session? _____

3x/week 2x/week 1x/week 1x/two weeks 1x/month Other:_____

What are the best days during the week for you to commit to your exercise program? (circle all that apply)

SUNDAY • MONDAY • TUESDAY • WEDNESDAY • THURSDAY • FRIDAY • SATURDAY

If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent, etc.

The Gift of Fitness:

As a new client, we offer you the opportunity to give two friends a gift certificate for one complimentary training session and a 2 class trial pack. We may both be able to make a huge difference in their lives. Please take the time to jot down the names of two friends, family members or co-workers whom you believe are ready to take action and achieve their health and fitness goals. We'll let you give them this gift and then we'll call them to schedule them for their first session.

Name

Email

Phone #

i. _____

ii. _____