

# Ballard Health Club Fitness Training

Name: \_\_\_\_\_

Member #: \_\_\_\_\_



## Program Set up

Last: \_\_\_\_\_

First: \_\_\_\_\_

Please answer the following questions prior to your appointment and turn in at the front desk. *Be as specific as possible.*

- Describe your current workout routine. Include any weights, classes, outside activities, and/ or cardio work. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How long have you been doing this routine? \_\_\_\_\_
- List any other activities, sports, or work-outs that you have done in the past. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What are your fitness goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you involved in any sports or activities you would like to target your training towards? \_\_\_\_\_  
\_\_\_\_\_
- What is your present lifestyle activity level?  
a. sedentary   b. lightly active   c. moderately active   d. highly active
- How much time would you like to spend in the gym not including classes?  
a. days/wk: \_\_\_\_\_   b. mins-hours/day: \_\_\_\_\_
- What equipment are you familiar with? Please circle all that apply.  
a. free weights   b. pin loaded machines   c. plate loaded machines  
d. cables   e. never used any of it
- Is there anything else you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Ballard Health Club will make no medical diagnosis whether you are or are not sufficiently fit for any exercise activities. If you know or suspect that you are not in good physical condition, especially concerning any previous or present illness or injury that may affect your participation in strenuous exercise, you should consult with your physician.*

APPT. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TRAINER: \_\_\_\_\_