



Comprehensive Client Information Sheet

Name: _____ Date: _____

INSTRUCTIONS

This is your comprehensive client information sheet, in which we will ask you to provide some relevant personal information. The answers to these questions are essential in order to allow us to design an optimized individual fitness program for you. Please answer all questions in the most accurate manner possible while being as concise as possible.

DISCLAIMER

Please recognize the fact that it is your responsibility to work directly with your physician before, during, and after seeking fitness consultation. As such, any information provided is not to be followed without the prior approval of your physician. If you choose to use this information without the prior consent of your physician, you are agreeing to accept full responsibility for your decision.

COMPREHENSIVE CLIENT INFORMATION SHEET

PART 1: BASIC INFORMATION

Name _____ Gender _____ Age _____
Date of birth (month/day/year) _____ Height _____ Weight (as of this morning) _____
Body fat percentage (have this taken before submitting this sheet) _____

PART 2: BODY COMPOSITION

Please provide the following skinfold measures (in mm):
Abdominal _____ Subscapular _____
Triceps _____ Suprailiac _____
Chest _____ Thigh _____
Mid-axillary _____

Please provide the following girth measurements (inches or centimetres):
Neck _____ Chest _____
Shoulder _____ Biceps _____
Waist _____ Hips _____
Thigh _____ Calf _____

PART 3: GOALS

Given the following goals, please rank them in order of importance, with 1 being **most important** and 8 being **least important**.

Improved health _____ Improved endurance _____ Increased strength _____ Sport-specific* _____
Increased muscle mass _____ Fat loss _____ Increased power _____ Weight gain _____

*Please provide the sport or athletic event for which you are training:



COMPREHENSIVE CLIENT INFORMATION SHEET

Do you have a specific timeline for achieving a specific goal? If so, please specify:

Circle which type of progress is more important to you:

Immediate progress that's less easily maintained

Maintainable progress that may not be as rapid

Please explain below:

PART 4: EXERCISE INFORMATION

Rate your ability in the following exercises (check the box that corresponds with your ability):

EXERCISES:	ADVANCED	INTERMEDIATE	NOVICE	UNFAMILIAR
Barbell squats				
Barbell deadlift				
Barbell bench press				
Bent-over barbell row				
Barbell shoulder press				
Pull-up				
Barbell hack squat				

Olympic movements

Snatch				
Clean				

Are you currently exercising regularly (at least 3x per week)?

Yes No

If you answered **YES**, continue on to the following section.

If you answered **NO**, skip ahead to the section marked "**Not currently exercising**".

Complete this section if you ARE currently exercising regularly

How long have you been consistently exercising without a break?

On the following chart, fill in which type of exercise you normally perform each day: resistance training (RT); interval cardio bouts (INT); low-intensity cardio bouts (LIC); sport-specific work (SSW).

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Type of Exercise							



COMPREHENSIVE CLIENT INFORMATION SHEET

On the following chart, fill in your approximate workout duration for each day (in minutes).

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Duration							

Please submit your current exercise regimen along with this form (type it up or write it out for us).

Complete this section if you ARE NOT currently exercising regularly

If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)?

Yes No

If you have exercised on a consistent basis previously, how long ago was this and how long did it last? _____

PART 5: MEDICAL AND HEALTH INFORMATION

If you have any diagnosed health problems, list the condition(s). _____

If you are on any medications, please list them. _____

What additional therapies or interventions are being undertaken for the given health problem(s)?

If you have any injuries, please list them. _____

What additional therapies or interventions are being undertaken for the given injury(s)?

PART 6: LIFESTYLE INFORMATION

What do you do for a living? _____

What is the activity level at your job?

None (seated work only) Moderate (light activity such as walking) High (heavy labor, very active)

Does your job involve shift work?

Yes No

If you follow a more regular schedule, do you work days, afternoons or nights? _____

Are you a primary caregiver for children, individuals with a disability, or an elder relative?

Yes No

How often do you travel?

Rarely A few times a year A few times a month Weekly

Please list the physical activities that you participate in outside of the gym and outside of work.

COMPREHENSIVE CLIENT INFORMATION SHEET

Please fill out the following timetable with your most normal daily schedule listing the time you wake up, work and have breaks, work out and go to sleep.

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Exactly how much money do you spend on groceries per month (provide amounts from your last two grocery bills)? _____

How many times per week do you shop for groceries? _____

How many meals do you eat in restaurants and/or fast food places per week? _____

Exactly how much money do you spend on supplements per month? _____

If you have any known food allergies, please list them below.

Are there any other foods to which you're particularly sensitive (i.e., which cause excessive gas, bloating, stuffiness, or congestion)?



COMPREHENSIVE CLIENT INFORMATION SHEET

If you're currently using any nutritional supplements, please list them (as well as the doses you're taking) below.

Please provide a three-day dietary record (attached). Be sure that these records are representative of the last few months of your dietary intake. In other words, if you just decided to get in shape two weeks ago and changed your diet dramatically, you should give us an indication of how you had been eating habitually prior to the recent change.

How long have you been eating in the manner recorded on your dietary record? (If your answer is less than one month, please fill out your record according to your prior intake before this recent month.)

MISCELLANEOUS INFORMATION

If there is any other information you think might be relevant to your program design, please share it with us below.

Please share your most frequent health, nutrition, or physique complaints and/or dissatisfactions with us.

You have now completed our client information sheet. Please bring this, along with your current workout schedule (if applicable) and three-day diet record, to your first appointment.