



Date _____

Name _____ D.O.B. ____ / ____ / ____

Address _____ M / F

City _____ State _____ Zip _____

Phone (HM) _____ (Mobile) _____

E-Mail _____ Ht _____ Wt _____

Emergency Contact _____ # _____

What are your main goals? (circle all that apply)

- | | | |
|-----------------------------|------------------------------------|-----------------------|
| - weight loss | - muscle gain | - tone and define |
| - build strength | - increase muscular endurance | - decrease stress |
| - sport specific | - increase energy levels | - improve flexibility |
| - rehabilitate injuries | - overall health | - increase power |
| - decrease bodyfat | - improve cardiovascular endurance | |
| - improve posture/alignment | | |
| - Other _____ | | |

Main target area(s) _____

How long have you had these goals? _____

Why is it important to accomplish your goals? _____

On a scale of 1 to 10 (10 being the most), how serious are you about accomplishing these goals now? 1 2 3 4 5 6 7 8 9 10

When were you in your best physical condition? _____

Are there any special events that you are training for? _____

Timeframe to accomplish your goals (please circle)

1-Month 3-Months 6-Months 9-Months 12-Months or more

Helping Everyone Reach Optimal Fitness

1941 N. Elston Ave. ☎ Chicago, IL 60642 ☎ 773.278.8840 ☎ www.HERO-FITNESS.com



What does your current exercise program consist of? _____

What results have you seen so far? _____

When do you prefer to exercise? (please circle)
Early AM Mid-AM Lunchtime Mid-Afternoon Late Afternoon Evening

How many days a week do you currently exercise? (please circle)
0 1 2 3 4 5 or more

How many days a week do you plan to exercise? (please circle)
1-2 2-3 3-4 4-5 5 or more

How long are your current workouts? (please circle)
Under 30 minutes 30-60 minutes Over 60 minutes

How long have you been on your current workout program? _____

Would you like to improve your posture? (please circle) Y N

Would you like to improve your flexibility? (please circle) Y N

Are there any exercises that you particularly enjoy? _____

List current and past activities (sports): _____

List normal daily activities (sit/stand/labor): _____

List your medical conditions/injuries/medications/operations: _____

Do you smoke (please circle) Y N

Helping Everyone Reach Optimal Fitness

1941 N. Elston Ave. ☎ Chicago, IL 60642 ☎ 773.278.8840 ☎ www.HERO-FITNESS.com



Family medical history: _____

Do You have family or friends supporting you? (please circle) Y N
If yes, who: _____

What are the obstacles that might prevent you from accomplishing your goals?

Would you like nutritional guidance? (please circle) Y N

Have you ever worked with a trainer before? (please circle) Y N

In your own words, what needs to happen for you to accomplish your goals?

Do you know of any reason why you should not do physical activity (please circle) Y N
If yes, please explain _____

If you are interested in one-on-one training, please answer the following:

Would you prefer a male or female trainer? (please circle) M F

How much are you comfortable investing into your training per session (please check one)

- Under \$50 _____
- \$50- \$75 _____
- \$75- \$100 _____
- \$100- \$125 _____
- Over \$125 _____

How did you hear about H.E.R.O. Fitness?

Helping Everyone Reach Optimal Fitness

1941 N. Elston Ave. ☎ Chicago, IL 60642 ☎ 773.278.8840 ☎ www.HERO-FITNESS.com