



## **Client Initial Interview**

What is your current exercise and activities program?

What are your short term life and fitness goals (present to 12 months)?

What are your long term life and fitness goals?

Give three examples each of your strengths and weaknesses when it comes to fitness:

What have been some of your positive motivating factors regarding health and fitness for you in the past?

What do you want from your trainer?

On a scale of 1-10 (10 being extremely motivated & 1 not very motivated) how motivated are you to succeed in achieving your fitness goals?

Do you take any prescription medicines?

Have you had any major surgeries?

Do you have any health concerns and/or physical ailments that have been and/or need to be discussed with your medical doctor?

Full Name:

Email:

Company:

Type of Work:

Phone:

Address:

City:

State:

Zip:

Emergency Contact

Name:

Phone:

Relation:

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