



Assessment

Personal Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Home Phone _____

Email _____

Medical History

List any prescriptions you are taking currently or have taken in the past.

List any surgeries or any traumatic injuries.

List anything I may need to know concerning medical history.

Athletic History

List any prior sports endeavors.

Describe your current fitness level.

Goals

Top 3 goals for this year.

- 1.
- 2.
- 3.

Top 3 goals for the next 5 years

- 1.
- 2.
- 3.

Lifestyle

How many hours are you currently training?

How many hours can you train?

Give me an idea of your weekly schedule. Do you need or want a specific day off each week?

Open discussion (This is where you tell me about yourself. Family, career, pets, etc..)

ATTENTION:

Print this document and bring it with you to the face to face personal assessment meeting.