

New Beginnings

New Client Worksheet

Name _____ (M) ____ (F) ____ Age ____

Date _____ Phone _____

Email _____

Preferred:

➤ Trainer: Male or Female _____

➤ Days and Times _____

Goals _____

Restrictions _____

Sessions Requested: Hrs. 3 7 10.5

Member/non member

Requested Start Date _____

Trainers Use Only

Par-Q filled out: Yes/No

Trainer Name _____

Date called _____ Date contacted _____

Evaluation Date _____