**New Client Questionnaire **

Name: Phone #: Date:

Tell me about your health and fitness goals:

Why are these important to you:

How committed are you to achieving them (life-time, short-term or temporary):

Do you have any injuries (past or present) or health issues:

Tell me about **past** activities you’ve been involved in:

Tell me about **current** activities you’re involved in:

What does your **ideal** activity schedule look like (weekly):

Tell me about your **typical daily routine** including sleep, nutrition, stress and energy levels: