

## KINETIC FITNESS SOLUTIONS CLIENT PROFILE

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

EMERGENCY CONTACT (NAME & NUMBER): \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

HOW WOULD YOU CLASSIFY YOURSELF AS AN EXERCISER?

❖ I CURRENTLY WORKOUT

- WHAT ARE YOU DOING NOW? \_\_\_\_\_
- HOW OFTEN? \_\_\_\_\_
- HOW IS IT WORKING? \_\_\_\_\_
- WHAT ARE YOU LOOKING FOR THAT YOUR CURENT WORKING IS NOT PROVIDING YOU WITH? \_\_\_\_\_

❖ I USED TO WORKOUT

- WHAT WERE YOU DOING THEN? \_\_\_\_\_
- WERE YOU CONSISTANT? \_\_\_\_\_
- HOW DID IT WORK FOR YOU? \_\_\_\_\_
- WHY DID YOU STOP? \_\_\_\_\_
- HOW ARE YOU FEELING SINCE YOU STOPPED? \_\_\_\_\_
- WHAT HAS KEPT YOU FROM GETTING BACK INTO WORKING OUT? \_\_\_\_\_

❖ I HAVE NEVER WORKED OUT

- WHAT HAS SPARKED YOUR INTEREST? \_\_\_\_\_
- HOW DO YOU FEEL ABOUT YOUR CURRENT HEALTH AND CONDITION? \_\_\_\_\_
- WHEN WAS THE BEST YOU EVER FELT ABOUT YOUR FITNESS LEVEL AND HEALTH? \_\_\_\_\_
- HOW LONG HAVE YOU BEEN THINKING ABOUT GETTING INTO A FITNESS PROGRAM? \_\_\_\_\_
- WHAT HAS KEPT YOU FROM GETTING STARTED? \_\_\_\_\_

WHAT ARE SOME OF YOUR FAVORITE EXERCISES? \_\_\_\_\_

WHAT ARE SOME OF YOUR FAVORITE WORKOUT SONGS? \_\_\_\_\_

DO YOU HAVE ANY PAST INJURIES, SURGERIES OR HEALTH CONDITIONS THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN A FITNESS PROGRAM? \_\_\_\_\_

WHAT ARE YOU LOOKING TO GET OUT OF OUR PROGRAM? DO YOU HAVE A SPECIFIC GOAL RELATED TO FITNESS? \_\_\_\_\_

ARE YOU DIABETIC? \_\_\_\_\_

DO YOU HAVE ANY SERIOUS ALLERGIES? \_\_\_\_\_

ARE YOU ASTHMATIC? \_\_\_\_\_

DO YOU USE AN EPIPEN OR INHALER? IF YES, WE ASK THAT YOU BRING IT WITH YOU TO ALL WORK OUT SESSIONS \_\_\_\_\_