

PRIMAL WARRIOR FITNESS

Client Profile

Name - _____ Gender - _____

Contact No. - _____

E-mail Address - _____

Age	Height	Weight	BMI	Body Fat %

Smoker - Yes / No Drink Alcohol - Yes / No
If Yes, How many? _____ If Yes, How much? _____ Weekly / Monthly

Occupation - _____

Current Level of Physical Activity

Exercise Likes / Dislikes

Exercise	How Often	What Level	Time Taken

Likes
Dislikes

Previous Activities / Exercise Regimes _____

Clients Goals / Objectives

Time / Date for Goals

Comments

Trainer's Signature _____

Date _____