



# CLIENT GENERAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone # (best way to reach you) \_\_\_\_\_ Do you text? Y  or N

E-mail address \_\_\_\_\_

Shine Fitness Facebook Friend? Y  or N  Submit a before picture? Y  or N

Activity Level? 1  2  3  4  5

What activities / exercise do you enjoy? Strengths/Weaknesses \_\_\_\_\_

Ever used a Personal Trainer in the past? Y  or N

Gym Membership? Y  or N  If Yes, Where? \_\_\_\_\_

Surgeries or Injuries? \_\_\_\_\_

Nutrition? 1  2  3  4  5

Strengths/Weaknesses \_\_\_\_\_

Allergies? Y  or N  If Yes, what? \_\_\_\_\_

Do you take supplements? Y  or N  If Yes, which ones? \_\_\_\_\_

Goals? What would you like to accomplish or make happen this year? \_\_\_\_\_

Are you interested in knowing more about any of the following?

- Shine Forward**      Service and Charity Opportunities
- Shine Practice**      Holistic classes including Yoga and Meditation
- Shine Bright**      Information and Education Workshops and Discussions
- Shine Nutrition**      Support Groups, access to dietician, etc
- Shine Fitness**      Exercise classes, Personal Training and more