

**CLIENT PRE-EVALUATION
STUDENT PERSONAL TRAINING**

TODAY'S DATE _____

NAME _____ GENDER _____ AGE _____

DEPT. OR ADDRESS _____ MAIL CODE _____

WHAT IS THE BEST TIME(S) FOR THE TRAINER TO CONTACT YOU? _____

PHONE NUMBER(S) WHERE YOU CAN BE REACHED (H) _____ (W) _____ (C) _____

EMAIL _____

AFTER AN APPOINTMENT TIME IS ESTABLISHED, YOU WILL BE ASKED TO MEET WITH YOUR TRAINER AT THE SAME TIMES EACH WEEK.

IN ORDER FOR YOUR TRAINER TO BETTER PREPARE FOR YOUR SESSIONS, PLEASE ANSWER THE FOLLOWING AS THOROUGHLY AS POSSIBLE:

WHAT DO YOU HOPE TO GAIN FROM WORKING WITH A STUDENT PERSONAL FITNESS TRAINER?

RANK ORDER THE FOLLOWING AREAS (ALL THAT APPLY) INDICATING WHICH YOU WOULD BE MOST INTERESTED IN WORKING ON WITH YOUR PERSONAL TRAINER. (1 = MOST IMPORTANT).

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|-----------------------------------|---|
| _____ CARDIOVASCULAR MACHINES | _____ BACK CARE; STRENGTH AND FLEXIBILITY |
| _____ RUNNING/WALKING PROGRAM | _____ ABDOMINAL STRENGTH |
| _____ CYBEX CIRCUIT EQUIPMENT | _____ WORKOUT PROGRAM FOR HOME |
| _____ FREE WEIGHTS (BEGINNER) | _____ WEIGHT MANAGEMENT |
| _____ FREE WEIGHTS (INTERMEDIATE) | _____ SPORT TRAINING; WHAT SPORT? _____ |
| _____ SPECIFIC FLEXIBILITY _____ | |

HOW WOULD YOU DESCRIBE YOUR EXERCISE HABITS?

NOVICE SEASONED, REGULAR ON AND OFF

WHAT IS YOUR CURRENT WORKOUT ROUTINE? (WHAT DO YOU DO, HOW OFTEN, HOW LONG)

PLEASE TURN THE PAGE OVER AND ANSWER THE QUESTIONS ON THE BACK. THANK YOU.

DO YOU HAVE ANY PAST OR CURRENT HEALTH ISSUES THAT A TRAINER SHOULD KNOW ABOUT? (I.E. HEART DISEASE, DIABETES, JOINT INSTABILITY, BACK OR KNEE PAIN, PHYSICAL DISABILITY, PREGNANCY, RECENT SURGERIES). PLEASE PROVIDE DETAILS FOR ANY OF THE ABOVE OR FOR OTHERS NOT LISTED.

WHAT *SPECIFIC* QUESTIONS DO YOU HAVE ABOUT FITNESS IN GENERAL OR YOUR OWN FITNESS?

WHAT DAYS AND TIMES ARE YOU AVAILABLE? PLEASE RANK YOUR TOP FOUR TIMES —
BE SPECIFIC.

(SINCE YOU ARE MEETING TWO TIMES A WEEK, EACH SELECTION SHOULD HAVE TWO DATES AND TIMES, FOR EXAMPLE, IF YOUR FIRST CHOICE IS MON./WED AT 12PM, YOU WILL FILL OUT THE GRID BELOW AND MARK BOTH OF THOSE DAYS AND TIMES AS #1. YOU WILL MARK YOUR SECOND, THIRD AND FOURTH CHOICES IN THE SAME WAY. VAGUE AND NON-SPECIFIC ANSWERS DECREASE YOUR CHANCES OF BEING PICKED UP BY THE STUDENT TRAINERS.)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

APPLICATIONS WILL BE REVIEWED FOR COMPATIBILITY OF AVAILABILITY TIMES WITH REGISTERED KIN STUDENTS. IF YOU HAVE QUESTIONS, YOU MAY CONTACT THE PROGRAMS OFFICE AT 471-3116. STUDENT/CLIENT MATCHING IS SCHEDULED FOR THE WEEK FOLLOWING THE DEADLINE DATE.

PLEASE RETURN TO:
 THE UNIVERSITY OF TEXAS AT AUSTIN
 DIVISION OF RECREATIONAL SPORTS
 FITNESS/WELLNESS PROGRAM
 1 UNIVERSITY STATION D7500
 AUSTIN, TX 78712

OR FAX TO:
 512.232.4150