



Please fill out this form, save it, and attach in an email to info@bodybybennett.com

Personal Information

Name: _____

Cell Phone #: _____

Home Phone #: _____

Address: _____

City/Province: _____

Postal Code: _____

Date of Birth: _____

Email: _____

Emergency Contact Name/Number: _____

What do you do for a living? _____

How often do you travel (for work or other)? _____

How did you hear about B3? GIFT CERT AUCTION ITEM CORPORATE LUNCH MAIL INTERNET

MEDIA (Ex: TV, radio, print) REFERRED BY: _____

SPORT GROUP: _____ OTHER: _____

Personal History

Smoker Y N

Diabetic Y N

Epileptic Y N

High Blood Pressure Y N

High Cholesterol Y N

Chest Pains Y N

Heart Attack/Angina Y N

Respiratory Problems Y N

Asthma Y N

Present Injuries/Chronic Problems

Back _____

Knees _____

Shoulders _____

Head _____

Neck _____

Extremities _____

Other _____

Allergies: _____

Other: _____

Are you currently taking any prescription medications? Y N

If so, please describe. _____

Previous Injuries

Injury: _____

Injury: _____

Date of injury: _____

Date of Injury: _____

Treatment and recovery time: _____

Treatment and recovery time: _____



Training History

- How many days per week do you participate in other physical activity? 1 / 2 / 3 / 4 / 5+
- On the following chart, fill in which type of exercise you normally perform each day. Resistance Training (RT), Interval Cardio Bouts (ICB), Low Intensity Cardio Bouts (LICB), Sport Specific Work (SSW).

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type of Exercise							

- On the following chart, fill in your approximate workout duration for each day (in minutes)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Duration							

- If you have exercised on a consistent basis previously, how long ago was this and how long did it last?

- Have you trained with a Personal Trainer before? Y N How long ago? _____

What did you like and/or dislike about it?

Based on ___ days per week available to train, what days work best for you to come into Body by Bennett?

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

What times work best for you (please provide a range)?

0600 0700 0800 0900 1000 1100 1200 1300 1400
 1500 1600 1700 1800 1900 2000



Nutritional Information

1. Approximately how much money do you spend on groceries per month? _____
2. How often do you grocery shop (times per week)? _____
3. How many meals do you eat in restaurants and/or fast food places per week? _____
4. Approximately how much money do you spend on supplements per month? _____
5. Please list any food sensitivities or allergies (ex: foods that cause excessively gas, bloating, stuffiness, or congestion):

6. If you are taking any nutritional supplements, please list them (as well as the doses you're taking):

Anthropometric Data *(optional)*

1. What is your height? _____
2. What is your weight (lbs or kg)? _____
3. Please provide the following Girth Measurements (inches or centimeters)

Neck		Chest	
Shoulder		Waist	
Biceps		Thigh	
Calf			

Thank you for taking the time to complete this form. We look forward to meeting you! Please save a copy of your completed form and email to info@bodybybennett.com, or click on the SUBMIT button below.