



New Client Onboarding Form

In order to set a foundation of information for me to assist you in your goals, please complete the following questions.

1. Name: _____
2. Address: _____
3. City, State, zip code: _____
4. Preferred phone number: _____
5. Emergency contact name and phone #: _____
6. Email address: _____
7. Primary reason for seeking a trainer:

8. List any current or past health issues and medications that may affect how Jenny trains you:

9. Are there any bodily functions or joint replacements that make it difficult for you to perform (i.e. stretching, lifting, cardio, bending):

10. Goals that you want Jenny to help you reach (weight loss, weight gain, flexibility, etc.):

11. Do your goals have deadlines? _____
12. Is there anything else Jenny should know?

