



**DREW
DINWIDDIE**

Personal Trainer | RE-DEFINE Your Body

Client Questionnaire

Client Name: _____

Date: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

How did you hear about Drew Dinwiddie Personal Training, LLC ?

Age: _____

Birthday: _____

Occupation: _____

Daily Physical Activity (1-10) _____

Weekly Physical Activity (1-10) _____

What do you feel are the area(s) that need greatest improvement?

Have you ever worked with a trainer before? If so, what was your experience? How long ago?

Are you currently on any specific diet? If so explain.

Do you have any medical issues that would restrict you from performing rigorous physical activity? Surgeries? Low back, knees, shoulders, etc.

Signature: _____ **Date** _____