



Perfect Fit Personal Training
Client Contact Information Form

Client Name: _____ *DOB:* _____
Address: _____ *Email:* _____

Home Phone: _____ *Cell:* _____
Work: _____

Doctors Name: _____ *Phone:* _____
Fax: _____

Emergency Contact Person: _____
Home Phone: _____ *Cell:* _____

Health and Lifestyle Questionnaire: _____
Medical Clearance form sent to doctor: _____ *Back from doctor:* _____
Informed Consent completed: _____
Personal Training agreement: _____
Exercise Goals completed: _____
Payment Received: _____
Thank you letter sent: _____

Sources

Article

Business Card

Client Referral

Internet Search

Banner

Chamber of Commerce

Flyer

Word of Mouth