

**INTEGRIS Health**  
**PACER Fitness Center**  
**Personal Training Questionnaire**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Current or Past Medical Considerations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you prefer a certain trainer? If so  
who?

\_\_\_\_\_

1. If you do not know a trainer, do you have a gender preference for your trainer?
2. Are you a PACER member?
3. How many days per week would you like to meet with your trainer?
4. What day(s) of the week work best for you?
5. What time(s) of the day work best for you?
6. List specific goals and objectives along with any special needs that you may have.