



Step it Up *with* Steph

New Client Assessment Form

Welcome! Before scheduling our initial consult, please fill out the following information so I know a little bit about you. Then email this promptly to Steph@StepItUpwithSteph.com

Congratulations on taking the first steps and looking into possible programs that may be a good fit for you!

Full Name:

Age and Birthday:

Address:

Phone Number:

Email Address:

Current Injuries:

Past Injuries and Dates:

Current medications and reasons:

Past medications and reasons:

Fitness/Wellness Programs you've tried in the past:

What did you like/dislike about them, and why did you stop them:

Current Exercise & Eating Habits:

Biggest complaints about your body:

Fitness Goal:

Health Goal:

Why You Want to Work With Me:

How you found me:

Person/People Supporting You in your Commitment to Health & Fitness:

What's your typical daily schedule like? Please write down what you are doing and where you are (i.e. work, sleeping, at home, etc.)

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

1am

Notes:

What's your typical daily schedule look like with food? Please write exactly what you eat or options you choose from, what times, and how much:

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

1am

Notes: