



A Member of  SOLUTIONHEALTH

## Personal Training Request Form

Name:

DOB:

Email Address:

Phone number:

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Availability:

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Location (please circle):

Fitness Services at River's Edge	Senior Health Center	Fitness Services at Elliot Hospital (employees only)
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Fitness goals & objectives:

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Have you worked with a trainer before? Please describe your experience:

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Describe your physical activity & exercise habits:

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Special considerations:

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