



Jon Speakman Personal Training

Client Questionnaire

This information will be used establish your personal file with Jon Speakman Personal Training. Please answer each of these questions as completely and as accurately as you can. Your responses to these questions are completely confidential, will be maintained in your permanent file and will not be shared with any other parties.

Today's Date: _____

Your Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Primary e-mail address: _____

Name of Employer: _____

Work Address: _____

City, State, Zip Code: _____

Work Phone: _____

Emergency Contact: _____

Relationship to you: _____ Phone: _____

Name of Primary Physician: _____ Phone: _____

Thank you for completing this questionnaire!