PHITFREAKS

FITNESS ASSESSMENT

Never Give Up · Live with Passion

1 — PERSONAL INFORMATION

Full Name

Date

Date of Birth

Age

Phone

Email

Emergency Contact Name

Emergency Contact Phone

Primary Physician

Physician Phone

How did you hear about PhitFreaks?

☐ Word of Mouth ☐ Social Media ☐ Google / Web Search ☐ Referral

If referred — by whom:

2 — PHYSICAL STATS & GOALS

Height

Current Weight (lbs)

Goal Weight (lbs)

Goal Time Frame

6-Month Goal

Primary Goal(s) — check all that apply

☐ Lose Body Fat ☐ Build Muscle ☐ Improve Performance

☐ Train for Competition ☐ General Health & Energy ☐ Other

Ultimate goal — be as specific as possible

What has stopped you from reaching your goals before?

3 — PAR-Q PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Answer YES or NO honestly. A YES answer requires written physician clearance before your first session.

QUESTION	YES	NO
1. Has a doctor ever told you that you have a heart condition and should only do physical activity recommended by a doctor?	☐	☐
2. Do you feel pain in your chest when you do physical activity?	☐	☐
3. In the past month, have you had chest pain when NOT doing physical activity?	☐	☐
4. Do you lose your balance because of dizziness, or have you ever lost consciousness?	☐	☐
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity level?	☐	☐
6. Is a doctor currently prescribing drugs for your blood pressure or heart condition?	☐	☐
7. Do you know of any other reason why you should not do physical activity?	☐	☐

★ **If you answered YES to any question, obtain written physician clearance before your first session with Coach Shauna.**

4 — HEALTH & MEDICAL HISTORY

Current or past injuries, surgeries, or physical limitations Coach Shauna should know about

Diagnosed medical conditions (heart disease, diabetes, high blood pressure, asthma, etc.)

Current medications that may affect exercise

Physician clearance for vigorous exercise?

☐ Yes ☐ No ☐ Not required — no known conditions

Daily water intake

☐ Less than 4 cups ☐ 4–6 cups ☐ 6–8 cups ☐ 8+ cups

Alcohol consumption

☐ Never ☐ Occasionally (1–2x/month) ☐ Weekends

☐ Several times a week ☐ Daily

Tobacco / smoking

☐ Non-smoker ☐ Former smoker ☐ Vaping ☐ Trying to quit

5 — TRAINING BACKGROUND

Do you currently exercise?

☐ Yes ☐ No

If yes — frequency per week and current routine

When did you last exercise consistently?

Familiar with:

☐ CrossFit ☐ HIIT ☐ Tabata ☐ Weightlifting ☐ None

Prior competition experience — check all that apply

☐ CrossFit Open ☐ CrossFit Regionals / Semifinals ☐ CrossFit Games

☐ NPC / IFBB Figure ☐ NPC / IFBB Bikini ☐ Other

☐ None

Group training or fitness class experience?

☐ Yes ☐ No

If yes — what type and what did you think?

Worked with a personal trainer before?

☐ Yes ☐ No

If yes — what did you like / dislike?

Favorite type of exercise / Least favorite

Current gym membership?

☐ No **Yes — which gym:**

6 — LIFESTYLE & DAILY HABITS

What type of work do you do?

Average hours of sleep per night

Stress level right now (write 1–10)

Support system at home for your fitness goals?

☐ Yes ☐ No ☐ Somewhat

Typical daily diet — meals per day, timing, types of food

7 — SELF-ASSESSMENT & COACHING PREFERENCES

How fit do you consider yourself right now?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

1 = Not at all fit *10 = Extremely fit*

How hard do you typically push yourself when working out?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

1 = I take it easy *10 = I go all out*

How hard do you want Coach Shauna to push you?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

1 = Keep it manageable *10 = Push me to my limit*

Coaching style you respond best to

☐ Positive encouragement & support ☐ Direct, tough-love — hold me accountable ☐ A mix of both

What motivates you most? What is your "why"?

Anything else Coach Shauna should know before your first session?

8 — SCHEDULING & CONSENT

Preferred training days — check all that apply

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Preferred time of day

- ☐ Early Morning (5–8am)
- ☐ Morning (8–11am)
- ☐ Midday
- ☐ Afternoon (1–4pm)
- ☐ Evening (4–7pm)

Progress tracking consent

- ☐ Periodic body measurements (waist, hips, arms, etc.)
- ☐ Progress photos for personal tracking — never shared without permission
- ☐ Sharing progress on PhitFreaks social media

When complete: Save this file and email it to Shauna at shauna@phitfreaks.com — or bring a printed copy to your first session.