PERSONAL TRAINING *Intake Form*

CLIENT INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

Where did you hear about us? _____

Emergency Contact: _____ Phone: _____

CURRENT FITNESS LEVEL AND GOALS:

Why do you want to work with a personal trainer?:

What are your fitness interests and favorite activities?:

What are your fitness goals?:

How would you describe your current activity level?:

○ Sedentary ○ Moderately active ○ Very active

Do you have any experience with resistance training?: ○ Yes ○ No

If yes, please specify: _____

Are there specific areas of your body you want to focus on or improve?: ○ Yes ○ No

If yes, please specify: _____

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HEALTH INFORMATION:

Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor?: ○ Yes ○ No

Do you feel pain in your chest when you do physical activity?: ○ Yes ○ No

In the past month, have you had chest pain when you were not doing physical activity?: ○ Yes ○ No

Do you have a bone, joint, or other health problem that causes you pain or limitations in movement?: ○ Yes ○ No

Are you pregnant now, or have you given birth within the last six months?: ○ Yes ○ No

Have you had a recent surgery?: ○ Yes ○ No

Do you take any medications on a regular basis?: ○ Yes ○ No
If yes, please specify: _____

If you marked "Yes" to any of the above, please explain in detail below:

LIFESTYLE INFORMATION:

Do you smoke?: ○ Yes ○ No If yes, how many per day?: _____

Do you drink alcohol?: ○ Yes ○ No If yes, how many per week?: _____

How many hours do you regularly sleep at night?: _____

How would you describe your current diet?:

Do you experience high levels of stress on a regular basis? ○ Yes ○ No
If yes, please specify: _____

How do you currently manage stress?: _____

How much of your day is typically spent sitting or inactive?:
○ Less than 4 hours ○ 4-8 hours ○ More than 8 hours

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DEVELOPING YOUR FITNESS PROGRAM:

How often do you take part in physical exercise?: _____

If your participation is lower than you would like it to be, what are the reasons?:
○ Lack of interest ○ Illness/Injury ○ Lack of time ○ Other _____

Based on your commitment, how often would you like to see a trainer to help you achieve your goals?: ○ 3x/week ○ 2x/week ○ 1x/week ○ 2x/month ○ 1x/month

What are the best days during the week for you to commit to your exercise program?
(check all that apply)
○ Monday ○ Tuesday ○ Wednesday ○ Thursday ○ Friday ○ Saturday ○ Sunday

What are the best times for you to exercise?: ○ Morning ○ Afternoon ○ Evening

Realistically, how many times per week do you expect to exercise and for how long each session? _____

Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent to being physically active or working with a personal trainer:

CONSENT AND AGREEMENT:

I acknowledge that I have provided accurate and complete health and fitness information to the best of my knowledge. I agree to inform my personal trainer of any changes in my health status.

SIGNATURE: _____ DATE: _____
Client