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**PERSONAL TRAINING CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [PERSONAL TRAINER'S NAME]. Information collected about new clients is confidential and will be treated accordingly.

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| **CLIENT INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**:  Male  Female  Other

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Contact Method:**  E-mail  Phone  Text Message

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CURRENT FITNESS LEVEL & GOALS** |

**Why do you want to work with a personal trainer?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your fitness interests and favorite activities?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your fitness goals?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**On a scale of 1-10 (1 being bad and 10 being great), how would you rate your current fitness level?** \_\_\_\_\_\_

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| **HEALTH / PAR-Q FORM** |

**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 lose balance because of dizziness or do you ever lose consciousness?**

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 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 so, what are the medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you know of any other reason why you should not do physical activity?**

Yes  No

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **LIFESTYLE** |

**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?** \_\_\_\_\_\_\_\_\_

**Describe your job:**  Sedentary  Active  Physically Demanding

Does your job require you to travel?  Yes  No

**On a scale of 1-10, with 1 being low and 10 being high, how would you rate your stress level?** \_\_\_\_\_\_\_\_\_

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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:**

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| **CANCELATION POLICY** |

**I understand that it is my responsibility to keep track of all my training session appointments. In the event that I must cancel an appointment, I will give 24 hours' notice. If I do not give 24 hours' notice, my account will be subjected to the session charge and that session may be forfeited.**

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| **CLIENT SIGNATURE** |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_