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

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

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_