

PERSONAL TRAINING CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of
Information collected about new clients is confidential and will be treated accordingly.

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:** _____

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?

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

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:

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

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:

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.

CLIENT SIGNATURE

Signature: _____ Date: _____

Print Name: _____