

INTAKE FORM

Date: _____

CLIENT INFORMATION

First Name

Date of Birth

Day

Month

Year

Last Name

Age

Gender

Email

Height

Weight

Phone

Occupation

Address

What is the activity level at your job?

Sedentary
(mostly seated)

Moderate
(light activity such as walking)

High
(very active, heavy labor)

FITNESS AND HEALTH HISTORY

Do you have any prior experience with fitness/sports training?

YES

NO

Have you worked with a personal trainer before?

YES

NO

If yes, when and for how long?

On a scale of 1-10, how would you rate your current fitness level?

Please describe your current and/or previous exercise experience:

How many days per week (if any) do you do some form of physical exercise?

Have you suffered any serious injuries in the past?

YES

NO

If yes, please list.

Have you undergone any surgeries?

YES

NO

If yes, please list.

FITNESS AND HEALTH HISTORY

Which of the following describes your goal/s?

Improve Overall Health

Improve Endurance

Improve Mood/Ability to
Cope with Stress

Improve Flexibility

Improve Balance

Increase Muscle Mass

Fat loss

Other:

Increase Energy

Increase Strength
