# Personal Training Intake Form

My Blissful Time

*Please fill out this form before your first session. All responses are confidential.*

**1. Basic Info**
Full Name: _____
Email: _____
Phone (Optional): _____
Preferred Method of Contact: [ ] Email [ ] Text [ ] Call

**2. Goals & Motivation**
What are your current fitness goals? (Check all that apply)
[ ] Lose weight [ ] Build muscle [ ] Improve posture [ ] Gain energy
[ ] Reduce pain/discomfort [ ] Just feel better [ ] Other: _____
What motivates you to take this step now?
_____
_____

**3. Health & Movement**
Do you have any injuries, sensitivities, or conditions I should know about?
[ ] Back pain [ ] Knee issues [ ] Shoulder pain [ ] Hernia
Other/Explain: _____
Are you cleared by your doctor for physical activity? [ ] Yes [ ] No [ ] Not sure

**4. Activity & Equipment**
How active are you currently?
[ ] Not active [ ] A little (walks, light activity) [ ] Regularly active [ ] Sports/Training
What equipment do you have access to?
[ ] Dumbbells [ ] Resistance Bands [ ] Bench or mat [ ] Other: _____

**5. Schedule & Preferences**
How many days per week would you like to train?
[ ] 2 days [ ] 3 days [ ] Depends on your guidance
What times work best for you (in your time zone)?
_____
Anything else you'd like me to know?
_____
_____

**Important Note:**
This intake form is for informational purposes only and helps me understand your needs and goals. If you decide to move forward with training, additional forms (such as a waiver and agreement) will be required prior to your first session.
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