



Brawn & Butter Personal Training

Client Intake Questionnaire

Brumfield Brawn Experience

CLIENT INFORMATION

Full Name:

Date of Birth: Current Age:

Email Address:

Phone: Gender:

Emergency Contact Name: Phone:

Goals & Motivation

1) What are your primary fitness goal outcomes?

- ☐ weight loss
- ☐ muscle gain
- ☐ improve endurance
- ☐ general health
- ☐ athleticism/sport specific development

2) What prompted you to start personal training?

3) How many days a week are you available to train?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4*

Health & Medical Information

4) Do you have any current or past injuries, conditions, surgeries?

5) Primary Physician? ☐ Yes ☐ No

6) Are you currently taking any prescribed medications? ☐ Yes ☐ No If so, please explain:

7) Do you have any physical restrictions or limitations? ☐ Yes ☐ No If so, please explain:

Lifestyle & Activities

8) How would you describe your current level of activity?

- ☐ Sedentary ☐ Lightly Active ☐ Moderately Active ☐ Very Active

9) What types of exercise or sports do you currently enjoy OR have done before?

10) Do you follow any specific diet or nutrition plan? ☐ Yes ☐ No If so, please explain:

Anything you can share to customize your experience? (I.e., smoking/drinking habits, bad experience, phobias, expectations):



Brawn & Butter Personal Training

Client Intake Consent

Brumfield Brawn Experience

CLIENT'S CONSENT

Full Name:

- I acknowledge that I am voluntarily participating in a personal training program provided by Brawn & Butter [Brumfield Brawn Experience].
- I understand that personal training involves physical activity, which carries certain risks, including but not limited to injury, increased heart rate, muscle soreness, or aggravation of pre-existing conditions.
- I confirm that I have consulted with a healthcare provider, or have been advised to do so, before starting this fitness program, especially if I have any pre-existing medical conditions.
- I agree to disclose all relevant health information, including injuries, illnesses, medications, or limitations that may affect my ability to exercise safely.
- I understand that the personal trainer is not a licensed medical professional and cannot diagnose or treat medical conditions.
- I acknowledge that results are not guaranteed and depend on my individual effort, consistency, and adherence to the program.
- I agree to communicate openly with my trainer about any pain, discomfort, or concerns during or after sessions.
- I agree to disclose any regular or excessive smoking or drinking, solely for the purpose of safe and effective personal training planning and execution.
- I accept responsibility for monitoring my own physical condition and will stop and seek assistance if I experience unusual symptoms.
- I understand that all program materials, plans, and sessions are the intellectual property of the trainer and may not be shared or redistributed without consent.
- I give consent for my trainer to make adjustments or modifications to the program as needed based on my progress, goals, or health feedback.
- I release the trainer and affiliated entities from liability for injuries or damages that may result from participation, except in cases of gross negligence or misconduct.
- I have read, understood, and agree to the terms of this personal training program consent.

By signing below, I confirm that I have read, comprehended, and agree to the checklist and the lash lift procedure outlined above.

Client's Signature &
Date:

Trainer's Signature &
Date: