



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):
