NEW CLIENT PACKET

Personal Training • Small Group Training • Strength Coaching

Client Name _____

Date _____

Please complete all required sections before participating in training. Optional media consent is provided separately.

IRON MAGNOLIA FITNESS

FORM 1 — CLIENT INTAKE, HEALTH HISTORY & EXERCISE READINESS

Confidential client information. Please answer completely and update your trainer if anything changes.

Client Information

Full Name _____

Date of Birth _____

Phone _____

Email _____

Address _____

Emergency Contact / Relationship _____

Emergency Phone _____

Goals & Training Background

Primary goals (check all that apply):

- ☐ Build strength
- ☐ Improve body composition
- ☐ Increase energy/endurance
- ☐ Learn proper lifting technique
- ☐ Improve mobility/balance
- ☐ Return to exercise
- ☐ Other: _____

Previous exercise / strength-training experience _____

What would make training successful for you _____

Health & Medical History

Check any that currently apply or have applied in the past. Explain below where appropriate.

- ☐ Heart condition, chest pain, or cardiovascular disease
- ☐ High or low blood pressure
- ☐ Dizziness, fainting, or unexplained loss of balance
- ☐ Asthma or other breathing condition
- ☐ Diabetes or blood-sugar condition
- ☐ Seizure or neurological condition
- ☐ Bone, joint, back, neck, or muscular condition
- ☐ Recent injury, surgery, hospitalization, or physical therapy
- ☐ Pregnant, recently postpartum, or pregnancy-related exercise considerations
- ☐ Medication that may affect exercise response
- ☐ Doctor or healthcare professional has advised limiting exercise
- ☐ Other condition that could affect safe participation

Please explain checked items, including dates/limitations

_____

Current medications relevant to exercise _____

Allergies / emergency medical information _____

Exercise Readiness Screening

Answer YES or NO. A YES response does not automatically prevent participation; it may mean additional information or medical clearance is appropriate before certain exercise.

☐ YES ☐ NO Has a doctor ever said you have a heart condition or should only exercise as medically recommended?

☐ YES ☐ NO Do you feel chest pain during physical activity or have you recently had unexplained chest pain at rest?

☐ YES ☐ NO Do you lose balance because of dizziness, or have you lost consciousness?

☐ YES ☐ NO Do you have a diagnosed medical condition or current symptoms that could be worsened by exercise?

☐ YES ☐ NO Do you have a bone, joint, muscle, or other physical problem that could be aggravated by activity?

☐ YES ☐ NO Are you taking medication or receiving treatment that may affect your ability to exercise safely?

☐ YES ☐ NO Is there any other reason you believe you should obtain medical guidance before becoming more physically active?

Client certification: I have answered these questions accurately to the best of my knowledge and agree to inform my trainer of material changes in my health or physical condition.

Client Signature _____

Date _____