



Client Intake Form

Section 1: Personal Information

Full Name: [_____]

Date of Birth: [_____]

Phone Number: [_____]

Email Address: [_____]

Emergency Contact Name: [_____]

Emergency Contact Phone Number: [_____]

?

Section 2: Health and Medical Information

Are you currently experiencing or managing any medical conditions?

Yes (If yes, please explain:

[_____])

No

Are you taking any medications?

Yes (If yes, please list:

[_____])

No

Have you had any recent surgeries, injuries, or physical limitations?

Yes (If yes, please explain:

[_____])

No

Is there any reason you should not participate in physical activity?

Yes (If yes, please explain:

[_____])

No

?

Section 3: Fitness Goals

What are your main fitness goals? (Select all that apply)

Weight Loss

Muscle Gain

Improve Endurance

Increase Strength

Improve Flexibility

General Health/Wellness

Other: [_____]

How would you describe your current fitness level?

Beginner

Intermediate

Advanced

How many days per week are you available to train?

1-2 Days 3-4 Days

5+ Days

?

Section 4: Lifestyle and Habits

How many hours of sleep do you typically get per night?

Less than 5

5-7 7-9

9+

How would you describe your daily stress levels?

Low

Moderate

High

How would you describe your eating habits?

Very Healthy

Average

Needs Improvement

Do you smoke or vape?

Yes

No

Do you consume alcohol?

No

Occasionally

Frequently

?

Section 5: Training Preferences

Preferred training style?

Group Classes

One-on-One Coaching

Small Private Groups

Preferred training focus? (Select all that apply)

Strength

Cardio/Conditioning

Mobility/Flexibility

Balanced Mix

Are there any specific areas you would like to focus on?

[_____]



Section 6: Consent and Agreement

[Required] I agree to the terms and conditions.