



SECTION 1: PERSONAL INFORMATION

1. Full Name: _____

2. Date of Birth: _____

3. Gender: (Male / Female / Prefer not to say)

4. Phone Number: _____

5. Email Address: _____

6. Emergency Contact Name: _____

7. Emergency Contact Phone Number: _____

8. Relationship to Emergency Contact: _____

9. Who is completing this form? (Client / Parent or Guardian)

10. Are you filling this out for a minor? (Yes / No)

- If yes, Parent/Guardian Full Name:

- *Please complete this form prior to your first coaching session. All information is confidential and used solely to tailor your training safely and effectively.



SECTION 2: HEALTH & READINESS (PAR-Q)

11. Has your doctor ever advised against physical activity? (Yes / No)
 12. Do you experience chest pain during activity? (Yes / No)
 13. Have you ever lost balance or consciousness during activity? (Yes / No)
 14. Do you have high blood pressure, diabetes, or asthma? (Yes / No — Please list)
 15. Are you currently taking any medications? If yes, please list:
 16. Any surgeries, injuries, or joint problems that could affect training?
 17. Do you suffer from any physical or mental health conditions we should be aware of?
 18. Do you have medical clearance to begin training? (Yes / Not Yet / Will Obtain)
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SECTION 3: LIFESTYLE & ACTIVITY BACKGROUND

19. How would you describe your current activity level? (None / Light / Moderate / High)
20. Have you worked with a personal trainer before? (Yes / No)
21. What types of training have you tried before? (Strength, Cardio, Sports, Pilates, etc.):
22. What kind of training do you enjoy (or dislike)?:
23. How many days per week can you train?:
24. Do you have access to a gym or equipment? (Yes / No / Home Only):
25. On a scale of 1–5, how would you rate your sleep quality?:

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SECTION 4: GOALS & NUTRITION SNAPSHOT

27. What are your top 1–3 health and fitness goals?:

28. Why do you want to make this change now?:

29. What has stopped you from achieving this before?:

30. How many meals do you eat daily?:

31. Do you currently track your food or calories? (Yes / No / Sometimes):

32. How would you describe your current diet?:

Notes:

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SECTION 5: CONSENT & AGREEMENT

33. I confirm the above information is accurate to the best of my knowledge. (Yes / No)

34. I agree to inform Better Atlas of any changes to my health or fitness that may affect training. (Yes / No)

35. I understand that all physical activity carries risk and I take full responsibility for my participation. (Yes / No)

36. (For minors) I give consent for my child to participate in this coaching program. (Yes / No)

37. Full Name (Client or Guardian): _____

38. Signature: _____

39. Date: _____

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