

CLIENT INTAKE FORM

All information received on this form will be kept confidential. Please fill out completely and accurately.

Name:	
Date of Birth:	Age:
Address:	
Phone: Email:	
Occupation:	
Emergency Contact:	Phone:
Relationship:	
Please allow 24 hours notice if you nee	d to cancel or reschedule your appointment.
Personal Info	
What made you decide to do personal training?	
What is your primary goal?	
What are your favorite activities?	
On a scale of 1-10, how would you rate your cu	arrent fitness level (1=worst, 10=best)?

Health ~ PAR-Q Form Please mark YES or NO to the following:

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO

Do you feel pain in your chest when you do physical activity? YES NO

In the past month, have you had chest pain when you were not doing physical activity? YES NO

Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anemia, epilepsy, respiratory aliments, back problems, etc)? YES NO

Are you pregnant now or have given birth within the last six months? YES NO

Have you had a recent surgery? YES NO		
Do you take any medications, either prescription or non-prescription, on a regular basis? YES NO		
What is the medication for?		
Do you know of any other reason why you should not do physical activity? YES NO		
If you marked yes to any of the above, please explain below:		
Lifestyle Related Questionnaire:		
Do you smoke? Yes No If yes, how many per day?		
Do you drink alcohol? Yes No If yes, how much per week?		
How many hours do you regularly sleep at night?		
Describe your job: Sedentary Active Physically Demanding		
Developing Your Fitness Program: How often do you take part in physical exercise? per week duration What activities are you presently involved in?		
Which area would you like the most assistance with?		
Realistically, how much time would you like to spend during each exercise session?		
Based on your commitment, how often would you like to see a trainer to help you achieve your goals?		
3x/week 2x/week 1x/week 2x/month 1x/month		
What are the best days during the week for you to commit to your exercise program?		
M T W Th F Sat Sun		
What are the best times for you to exercise? Morning Afternoon Evening		

If you could design your own exercise program, what would an ideal training week look like? Be specific.

What would you ultimately like to learn from a trainer/these sessions?

Goal Setting How can I help you? Please check all that apply:		
Lose Body Fat	Design a More Advanced Program	
Develop Muscle Tone	Sports Specific Training	
Reduce Stress	Motivation	
Rehabilitate an Injury	Fun	
Nutrition Education	Training for an Event	
Start an Exercise Program		
Other		
In order to increase your chances of being successful at achieving your goals, ensure your goals are "SMART" S=Specific (provide details, how much, how long, etc) M=Measurable (how will you measure when you've reached your goals) A=Attainable (be realistic, set smaller goals) R=Rewards-based (attach a reward to each goal) T=Time (set specific dates for goals) Please list in order of priority, the goals you would like to achieve in the next 3-12 months:		
a		
b		
C		
Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent to being physically active or working with a personal trainer.		

Participant Release and Acknowledgement of Agreement

I,	, wish to participate in the exercise and training program
offered by	I understand there are inherent risks in participating in a
program of strenuous exercise;	consequently, I have been examined by a physician of my choice and
1.1	r my participation in a fitness program within sixty (60) days of the
	ccurred in my physical condition since the date such approval was
	ility to participate in the fitness program. If a physician has not
	hysician within sixty (60) days of the date set forth below to obtain
	ion in a fitness program. If I choose not to see a physician prior to
	lo so strictly at my own risk. I further agree that my personal trainer
	be liable or responsible for any injuries to me resulting from my
participation in the fitness prog	ram (whether at home, outdoors or in any fitness facility), and I
expressly release and discharge	from all claims, actions, judgments and the like
	administrators or assigns may have or claim to have as a result of any
, ,	nay occur in connection with my participation in the fitness program,
1 0 , , ,	d by an intentional act of such person or persons. This Release shall
	utors, administrators, and assigns. I have read and understand this
term: (initial)	
Lunderstand that	will make every reasonable effort to preserve the privacy of
	is Client Intake Form. I further agree that shall not
	or any inadvertent disclosure of the information contained in the
<u> </u>	ssly release and dischargefrom all claims, actions,
_	or my heirs, executors, administrators or assigns may have or claim to
, 8	which may occur in connection with disclosure of private
,	ient Intake Form. This release shall be binding upon my heirs,
	ssigns. I have read and understand this term:
(initial)	
I certify that the answers to the	questions outlined on the PAR-Q from are true and complete to the
best of my knowledge. I acknow	vledge that medical clearance is requested if I have answered "Yes"
to any of the questions on the F	PAR-Q form. I understand and agree that it is my responsibility to
informo	f any condition or changes in my health, now and on going, which
might affect my ability to exerci	se safely and with minimal risk of injury. I have read and
understand this term:	(initial)
I understand that I am not oblis	gated to perform nor participate in any activity that I do not wish to
	use such participations at any time during my training sessions. I
•	htheaded, faint, dizzy, nauseated, or experience pain or discomfort, I

am to stop the activity and inform(initial)	I have read and understand this term:
, ,	ogram cannot be guaranteed and my progress depends of the sessions. I have read and understand this
Client signature:	