



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 need 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 current 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 ailments, 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 often would you like to exercise? _____ per week

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 have obtained their approval for my participation in a fitness program within sixty (60) days of the date set forth. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain their approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk. I further agree that my personal trainer _____ shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors or in any fitness facility), and I expressly release and discharge _____ from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only and injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns. **I have read and understand this term:** _____ **(initial)**

I understand that _____ will make every reasonable effort to preserve the privacy of the information contained in this Client Intake Form. I further agree that _____ shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Intake Form and I expressly release and discharge _____ from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Intake Form. This release shall be binding upon my heirs, executors, administrators and assigns. **I have read and understand this term:** _____ **(initial)**

I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is requested if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform _____ of any condition or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury. **I have read and understand this term:** _____ **(initial)**

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participations at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I

am to stop the activity and inform _____. **I have read and understand this term:**
_____ **(initial)**

I understand that the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. **I have read and understand this term:** _____ **(initial)**

Client signature: