

TEAMFUNERAL™ FITNESS

Client Intake Questionnaire

Client Information

Full Name: _____

Date of Birth: _____

Age: _____

Current Weight: _____ lbs

Height: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Fitness & Health History

Have you ever worked with a personal trainer before? Yes ___ No ___

Are you currently experiencing any pain, injury, or physical limitations?

Yes ___ No ___

If yes, explain:

Have you had any surgeries in the past?

Yes ___ No ___

If yes, list type and year:

Medical conditions (if any):

Medications affecting exercise (if any):

Lifestyle & Training Preferences

How many days per week can you realistically train? _____

Preferred training style:

Training preference:

In-person ___ Virtual ___ Hybrid ___

Goals

Primary fitness goals:

Target weight or outcome:

Anything else your trainer should know:

Client Acknowledgment

I confirm the information above is accurate and complete.

Client Signature: _____

Date: _____