TEAMFUNERAL FITNESS

Client Intake Form

Personal Information

Full Name: _____
Date of Birth: _____ Age: _____
Phone: _____ Email: _____
Address: _____
Emergency Contact: _____ Phone: _____

Fitness Goals

Primary Goal(s): _____
Target Weight: _____ Current Weight: _____
How many days per week can you train? _____
Short-Term Goal: _____
Long-Term Goal: _____

Medical History

Do you have any medical conditions? ■ Yes ■ No
If yes, explain: _____
Current injuries or pain: _____
Surgeries (past 5 years): _____
Medications: _____
Has your doctor restricted exercise? ■ Yes ■ No

Lifestyle

Occupation: _____
Average hours of sleep: _____
Water intake per day: _____
Do you smoke? ■ Yes ■ No
Do you drink alcohol? ■ Yes ■ No

Nutrition

Food allergies: _____
Special diet: _____
Meals per day: _____
Daily water intake: _____

Training Experience

Have you worked with a personal trainer before? ■ Yes ■ No
Current exercise routine: _____
Favorite exercises: _____
Exercises you dislike: _____

Acknowledgment

I certify that the information provided on this Intake Form is true and complete to the best of my knowledge. I agree to notify Teamfuneral Fitness of any changes to my health or medical condition before participating in training.

Client Signature: _____ Date: _____

Trainer Notes (Office Use Only)

_____

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