

NEW CLIENT INTAKE FORM

PLEASE FILL OUT AS HONESTLY AS POSSIBLE AND BRING TO CONSULT

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____



Personal Info:

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:

YES NO

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? _____

- Do you feel pain in your chest when you do physical activity? _____

- In the past month, have you had chest pain when you were not doing physical activity? _____

- Do you lose your balance because of dizziness or do you ever lose consciousness? _____

- 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, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc)? _____

- Are you pregnant now or have given birth within the last six months? _____

- Have you had a recent surgery? _____

- Do you take any medications, either prescription or non-prescription, on a regular basis? _____

- What is the medication for? _____

- Do you know of any other reason why you should not do physical activity? _____

- If you marked yes to any of the above, please explain below: _____

Lifestyle Related

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

Does your job require you to travel? Yes No

On a scale from 1-10, how would you rate your stress level? (1=low, 10=high) _____

List your 3 biggest sources of stress

a. _____ b. _____ c. _____

Do you regularly use the services of a massage therapist? Yes No Chiropractor? Yes No

Is anyone in your family overweight? _____

Were you overweight as a child? _____

Developing Your Fitness Program PLEASE NOTE: these are guidelines and not definites..

How often do you take part in physical exercise? _____ per week _____ duration

If your participation is lower than you would like it to be, what are the reasons?

Lack of interest Illness/Injury Lack of Time Other: _____

What activities are you presently involved in?

Cardio / Movement _____

Strength Training / Pilates _____

Stretching / Yoga _____

Sports and/or outdoor activities _____

Other _____

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

Goal Setting

How can I help you? Please circle all that apply:

Lose Body Fat	Develop Muscle Tone	Reduce Stress	Rehabilitate an Injury
Nutrition Education	Start an Exercise Program	Design a More Advanced Program	
Sports Specific Training	Motivation	Fun	Training for an Event
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. _____

How important is it for you to achieve these goals? Not important Semi-important Very important

How long have you been thinking about these goals? _____

How will you feel once you have achieved these goals? _____

Where do you rate health in your life? Unhealthy Average Good

Where does your spouse/significant other/family rate health in their lives? Unhealthy Average Good

Self - Growth Model:

List what you feel are the obstacles or potential actions, behaviors or activities that could impede your progress towards accomplishing your goals?

List three methods that you plan to use to overcome these obstacles

- a. _____
- b. _____
- c. _____

Nutrition

On a scale from 1-5, how would you rate your nutrition (1=poor, 5=excellent)? _____

How many times throughout the day you eat? _____

Do you skip meals? Yes No Do you eat breakfast? Yes No

Do you eat late at night? Yes No

What activities do you engage in while eating (TV, reading, etc)? _____

How many glasses of water do you consume daily? _____

Do you have decreased energy throughout the day or changes in mood? Yes No

What kinds of food do you regularly eat? _____

Do you know how many calories you consume in a day? Yes No If yes, how many? _____

Have you every tracked your food intake (i.e. food diary)? Yes No

Are you currently taking a multi-vitamin or any other supplements? Yes No

How often do you eat out on a weekly basis? _____

Do you do your own cooking? Yes No Do you do your own grocery shopping? Yes No

Besides hunger, what other reasons do you eat?

Bored Social Stressed Tired Depressed Happy Nervous

Do you eat mostly processed food or freshly prepared food? Processed Fresh

Do you eat foods high in fat and sugar? Yes No

Do you eat past the point of fullness? Yes No Do you prefer salty or sugary foods? Salty Sugary

Do you read nutrition labels? Yes No If so, what do you look at? _____

List three areas that you would like to improve in the nutrition area:

a. _____ b. _____ c. _____

Miscellaneous

Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent

Client Agreement Waiver

Participant Release and Acknowledgement of Agreement

I, _____, wish to participate in the nutrition and training program offered by Brandie Trimble. 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 his/her 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 his/her 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 also agree to provide Brandie Trimble with my physician's contact information so that Brandie Trimble may receive direct clearance and program recommendations/limitations from my physician. I further agree that Brandie Trimble 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 Brandie Trimble 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. or I decline and take all responsibility.

I have read and understand this term: _____ (initial)

I understand that Brandie Trimble will make every reasonable effort to preserve the privacy of the information contained in this Client Intake Form. I further agree that Brandie Trimble 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 Brandie Trimble 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 Brandie Trimble 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 Brandie Trimble.

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 understand this program is non refundable or transferable.

I have read and understand this term: _____ (initial)

Client signature: _____ **Date:** _____