VFIT BY VIC

Client Intake Form

Personal Information

Full Name: _____

Email: _____

Phone Number: _____

Address: _____

Instagram Handle (if applicable): _____

Birthday: _____ Age: _____

Health & Medical

Are you cleared to participate in an exercise program?
☐ Yes ☐ No

Do you have any current or previous health conditions, injuries, surgeries, or physical limitations that may affect exercise?

_____

_____

Are you currently taking any medications that may affect your ability to exercise?
☐ Yes ☐ No

If yes, please explain:

_____

Are you currently pregnant or breastfeeding?
☐ No ☐ Pregnant ☐ Breastfeeding

Is there anything else regarding your health that your trainer should know?

_____

_____

Lifestyle & Fitness Background

Occupation: _____

Current Gym Membership (if applicable): _____

Current Activity Level:
☐ Mostly Sedentary ☐ Lightly Active ☐ Active ☐ Very Active

Gym/Strength Training Experience:
☐ Beginner ☐ Intermediate ☐ Advanced

How many days per week are you currently exercising? _____

What types of exercise do you currently do?

Starting Body Stats

Height: _____ in.

Starting Weight: _____ lbs.

Desired Goal Weight (if applicable): _____ lbs.

Body measurements and progress photos may be recorded separately if they are part of your individual program.

Nutrition & Eating Habits

Do you have any dietary restrictions, allergies, or intolerances?

Foods you enjoy:

Foods you dislike or prefer to avoid:

Are there any foods you feel you tend to overeat or binge on?

Approximately how many calories are you currently consuming per day, if known?
_____ calories

How would you describe your current eating habits?

Program Goals

What is your primary goal during this program?

Are there any additional goals you would like to accomplish?

What do you think may be your biggest hurdle or challenge during this program?

What do you hope to take away from your VFit experience?

What would make you feel that this program was successful?

Preferred Start Date: _____

Additional Information

May VFit by Vic tag you on social media?
☐ Yes ☐ No

This permission applies to tagging only and does not constitute permission for VFit by Vic to use your photographs, videos, testimonials, or likeness for marketing purposes.

How did you hear about VFit by Vic?
☐ Friend/Referral ☐ Instagram ☐ Facebook ☐ Google
☐ Other: _____

Any questions, comments, concerns, or additional information you'd like your trainer to know?

_____

_____

_____

Client Acknowledgment

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that it is my responsibility to inform VFit by Vic of any changes to my health, medications, injuries, pregnancy status, or other circumstances that may affect my ability to safely participate in an exercise program.

Client Name: _____

Client Signature: _____

Date: _____