

CHS Fitness — Client Intake Form

Please complete before your Free 60-Minute Intro.

Contact Info

Full name*

Email*

Mobile number*

Age range

Goals & Background

Primary goal* (check one):

☐ Pain-free movement

☐ General health

☐ Fat loss & energy

☐ Performance (event/training)

Secondary goals (optional):

☐ Balance

☐ Posture

☐ Bone density

☐ Mobility

☐ Other: _____

Training experience

☐ 0-12 mo

☐ 1-3 yrs

☐ 3+ yrs

Current weekly activity (days)

☐ 1

☐ 2

☐ 3

☐ 4

Health & Considerations

Injuries or pain I should know about?*

Medical considerations / doctor's guidance? (optional)

Medications that may affect training (optional)

Logistics

Preferred training location*: ☐ Virtual (video)

☐ Either

Days/times you're usually free*

☐ Tue p.m.

☐ Wed a.m.

☐ Tue a.m.

☐ Wed p.m.

☐ Thu a.m.

☐ Thu p.m.

☐ Fri a.m.

☐ Fri p.m.

☐ Sat a.m.

Anything else you want me to know? (optional)

Agreements

☐ I agree to the 24-hour cancellation policy.*

☐ I understand coaching is not medical care and I'll train within my limits.*

☐ Photo/progress sharing permission (private tracking only).

Signature: _____

Date: _____

Questions? hello@chsfitnes.com • chsfitnes.com • Hours: by appointment only