



Client Intake Form

Part I: Basic Information

Name _____ Gender _____ Age _____

Date of birth (month/day/year) ____ / ____ / ____ Height _____ Weight _____

Address _____

Email Address _____ How did you find us? _____

Phone Number (____) ____ - ____ Emergency Contact (____) ____ - ____

Name of Physician and contact information _____ (____) ____ - ____

Part II: Goals

Please rank the following goals in order of importance (i.e. 1 being most important and 7 being least important).

Improved Health ____ Fat Loss ____ Increased Muscle Mass and/or Weight Gain ____ Sport-Specific ____

Increased Strength ____ Improved Endurance and/or Conditioning ____ Movement Skill Development ____

If you have any other goals, please specify:

If you're training for a specific event or activity, please specify, including any relevant dates or timelines:

How committed are you to achieving your goals?

☐ Not very committed ☐ Somewhat committed ☐ Extremely committed

Part III: Exercise Information

Are you currently exercising regularly (at least 2x per week)? ☐ YES ☐ NO

If you answered yes, please provide some information about your routine (e.g. activities, frequency, duration):

How long have you been exercising consistently without a break? _____

If you are not currently exercising regularly, have you ever been on an exercise plan consistently? ☐ YES ☐ NO

How long ago were you on a consistent exercise plan and how long did it last? _____

Part IV: Medical And Health Information

When was the last time you had a physical examination? _____

If you have any diagnosed health conditions, please list them: _____

Have you had any orthopedic surgeries (e.g. shoulders, hips, knees, etc.)? _____

What additional therapies or interventions are being undertaken for the given health condition(s)?

If you have any injuries, please list them: _____

What additional therapies or interventions are being undertaken for the given injuries?

Do you take any medications? If so, please list them here:

Part V: Lifestyle

What do you do for a living? _____

How much physical activity does your daily life involve?

☐ None (seated work only) ☐ Moderate (light activity, such as walking) ☐ High (heavy labor, very active)

How often do you travel? ☐ Rarely ☐ A few times a year ☐ Monthly ☐ Weekly

Please list any physical activities that you participate in outside of the gym and outside of work.

Your current diet could be best characterized as (check all that apply):

☐ Low-fat ☐ Low-carb ☐ High-protein ☐ Vegetarian/Vegan ☐ Paleo/Primal ☐ No special diet

If you are currently taking any nutritional supplements, please list them (as well as the doses) below:

Miscellaneous Information

If there is any other information you think might be relevant to your training, program design, or success, please share with us below:

Please share your greatest fitness concerns and/or dissatisfactions with us.

Do you foresee any obstacles that would impede your progress toward achieving your goals (e.g. past behaviors, habits, upcoming vacations, busy seasons, etc.)?

What is the most important thing you need to succeed?

24-Hour Session Cancellation Policy

All scheduled training sessions must be cancelled at least 24 hours prior to the scheduled time or the session will be considered a "no-show" and be deducted from the total.

Training sessions rescheduled within 24 hours must be used the same day as the original scheduled time or the session will be considered a "no-show" and be deducted from the total.

Training Session Details & Rollover

All training sessions are non-transferable, non-exchangeable, and non-refundable.

Signature

Date