Personal Training Client Intake Form

HonestMarginCo

Client

Name _____ Date of birth _____

Phone _____ Email _____

Emergency contact _____ Emergency phone _____

Goals

- ☐ Lose fat
- ☐ Get stronger
- ☐ Mobility / flexibility
- ☐ Rehab after injury
- ☐ Build muscle
- ☐ Improve fitness
- ☐ Train for an event
- ☐ Feel better day to day

In 3 months I want to _____

Health

Has a doctor ever told you to limit exercise?	☐ Yes	☐ No
Do you have a heart condition, high blood pressure, diabetes or asthma?	☐ Yes	☐ No
Do you have any injuries or joint, back or neck problems?	☐ Yes	☐ No
Do you take any medication?	☐ Yes	☐ No
Are you pregnant or have you given birth in the last 6 months?	☐ Yes	☐ No
Do you feel chest pain, dizziness or faintness when active?	☐ Yes	☐ No

If you answered yes to any question, please check with your doctor before starting a new exercise programme.

Activity and availability

Current exercise _____

Days and times available _____

Starting measurements

Date	Weight	Body fat %	Waist	Hips	Chest	Notes

Client signature _____ **Date** _____