



Personal Training Intake Form

PATIENT INFORMATION

Name: _____ Birthday: _____ Age: _____
Address: _____
Phone Number: _____
Email Address: _____
Preferred method of contact: _____
Would you be open to share your story on social media? _____

EMERGENCY CONTACT

Name: _____
Phone: _____ Relation: _____

CURRENT FITNESS LEVEL/GOALS

Why do you want to work with a personal trainer? _____
What are your fitness interests and favorite activities? _____
What are your fitness goals? _____
How long have you been thinking of these goals? _____
How important are these goals to you? _____
On a scale of 1-10 (1 being bad and 10 being great) how would you rate your current fitness level? _____

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 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, anemia, epilepsy, 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 on a regular basis? If so, what are the medications? _____	_____	_____
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 in detail below:



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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, with 1 being low and 10 being high, how would you rate your stress level?

DEVELOPING YOUR FITNESS PROGRAM

How often do you take part in physical exercise?
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? And which activity is your least favorite?
Cardio/Movement
Strength Training/Pilates
Stretching/Yoga
Sports/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?
Mon Tues Wed Thurs Fri Sat Sun

What are the best times for you to exercise? Morning Afternoon Evening

Please list anything else that you may feel is a concern or information that has not been disclosed that maybe pertinent to being physically active or working with a personal trainer.

CANCELTION POLICY

I understand that it is my responsibility to keep track of all my training session appointments. In the event that I must cancel an appointment, I will give 24 hours notice. If I do not give 24 hours notice, my account will be subjected to the session charge and that session may be forfeited.