

Personal Training Intake Form

Phone Number: Email Address: Preferred method of contact: Would you be open to share your story on social media? EMERGANCY 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?	PATIENT INFORMATION			
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If you marked YES to any of the above, please explain in detail below:	Do you know of any other reason why you should no	t do physical activity?		
	If you marked YES to any of the above, please explain	in detail below:		



Personal Training Intake Form

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?	
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How often do you take part in physical exercise?	
most order ad you take part in physical exercise;	
If your participation is lower than you would like it to be, what are the reasons?	
Look of interest Illness (Injury Look of Time Others	
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 activites	
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	
2.4 2.4 2.4 2.4 2.4 2.4 2.4 2.4 2.4 2.4	
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CANCELATION 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.