CLIENT TRAINING INTAKE FORM

Please complete the following information as thoroughly and honestly as possible. All responses are confidential.

Name: _____

Age: _____

Phone: _____ **Email:** _____

Preferred Contact Method: [ ] Phone [ ] Text [ ] Email

Occupation: _____

What is your primary fitness goal? (Select all that apply)

[ ] Fat Loss / Toning
[ ] Muscle Gain / Strength
[ ] Healthy Aging / Longevity
[ ] Injury Rehab / Pain Management
[ ] Hormonal Balance / Energy
[ ] General Fitness & Wellness
[ ] Postpartum Recovery
[ ] Training for Event (vacation, wedding, etc.)
[ ] Sport or Performance Goal

What is your current fitness level?

[ ] Beginner
[ ] Intermediate
[ ] Advanced

How often do you currently exercise?

[ ] Not at all
[ ] 1-2x per week
[ ] 3-4x per week
[ ] 5+ times per week

Any medical conditions, injuries, or limitations?

_____
_____
_____
_____

What training environment do you prefer?

[ ] Gym
[ ] Home
[ ] Outdoors
[ ] Online / Virtual

What kind of coaching are you most drawn to?

[ ] 1-on-1 Personal Training
[ ] Small Group Training (3-4 people)
[ ] Online Coaching
[ ] Hybrid (In-person + Online)

Are you looking for:

[ ] A long-term transformation
[ ] A short-term challenge (4–8 weeks)
[ ] Monthly accountability & guidance

What motivates you the most?

[ ] Seeing results
[ ] Accountability
[ ] Energy & mood improvement
[ ] Feeling stronger & healthier

Anything else you'd like your coach to know?