CLIENT INTAKE FORM

Complete this form before your first session. Your information is confidential and used only by your trainer to plan your sessions.

PERSONAL DETAILS

FULL NAME

DATE OF BIRTH / AGE

WHATSAPP

EMAIL

EMERGENCY CONTACT (NAME)

EMERGENCY PHONE

WHAT WOULD YOU LIKE TO ACHIEVE? (SELECT ALL THAT APPLY)

- ☐ Improve my general fitness
- ☐ Improve my cardio fitness
- ☐ Move better with less discomfort
- ☐ Other: _____
- ☐ Build strength
- ☐ Change my body composition
- ☐ Train with a group and meet people

EXERCISE EXPERIENCE

- ☐ I have never trained
- ☐ I trained before, but not in the past year
- ☐ I currently train

DAYS AND TIMES YOU CAN TRAIN

INJURIES, PAIN OR SURGERIES (CURRENT OR PREVIOUS)

I confirm that the information provided is accurate, that I participate voluntarily and that I will tell my trainer about any pain, discomfort or change in my health. I understand that if I answered "yes" to any health questionnaire item, I must provide medical clearance before starting.

CLIENT SIGNATURE

PRINTED NAME

DATE

FOR THE TRAINER TO COMPLETE

GROUP / TIME

START DATE

HEALTH QUESTIONNAIRE: CLEAR / MEDICAL CLEARANCE