Personal Training Intake

Comprehensive client intake for personal training with fitness goals, exercise history, and body composition

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Fitness Goals

What are your primary fitness goals? *

- [ ] Weight Loss
- [ ] Muscle Gain / Hypertrophy
- [ ] Strength & Power
- [ ] Cardiovascular Endurance
- [ ] Flexibility & Mobility
- [ ] Sport-Specific Training
- [ ] Injury Rehabilitation
- [ ] General Fitness & Health
- [ ] Body Recomposition
- [ ] Stress Relief & Wellness

What is your target timeline?

- [ ] 4 weeks
- [ ] 8 weeks
- [ ] 12 weeks
- [ ] 6 months
- [ ] Ongoing / No specific deadline

What motivates you to start training?

Exercise History

Current Activity Level *

- [ ] Sedentary — little or no exercise
- [ ] Light — 1-2 days per week
- [ ] Moderate — 3-4 days per week
- [ ] Active — 5+ days per week
- [ ] Athlete — training daily

What types of exercise have you done before?

- [ ] Weight Training
- [ ] Cardio (running, cycling, etc.)
- [ ] Yoga / Pilates
- [ ] CrossFit / HIIT
- [ ] Sports
- [ ] Swimming
- [ ] Martial Arts
- [ ] None / Beginner

Do you have any current injuries or chronic pain? *

- [ ] Yes
- [ ] No

If yes, please describe

Lifestyle & Nutrition

Average Hours of Sleep Per Night

- [ ] Under 5 hours
- [ ] 5-6 hours
- [ ] 7-8 hours
- [ ] Over 8 hours

Stress Level

- [ ] Low
- [ ] Moderate
- [ ] High
- [ ] Very High

Describe your typical daily diet

Dietary Restrictions or Allergies

Current Supplements

Training Availability

How many sessions per week? *

- [ ] 1 session
- [ ] 2 sessions
- [ ] 3 sessions
- [ ] 4+ sessions

Preferred Training Times

- [ ] Early Morning (6-8am)
- [ ] Morning (8-11am)
- [ ] Midday (11am-1pm)
- [ ] Afternoon (1-4pm)
- [ ] Evening (4-7pm)
- [ ] Late Evening (7-9pm)

Do you have access to a gym? *

- [ ] Full gym
- [ ] Home gym (limited equipment)
- [ ] No equipment
- [ ] Outdoor / Bodyweight only

Consent & Signature

I certify that the information provided is accurate. I have disclosed all health conditions and injuries. I understand that my trainer will use this information to design my program. I consent to personal training and accept the associated risks.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY