Personal Trainer Intake Form

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Address: _____ Phone Number: _____

Email Address: _____ Emergency Contact Person: _____

Emergency Contact Phone Number: _____

HEALTH HISTORY

Current Medications:

Past Surgeries:

Chronic Illnesses:

Recent Injuries:

Family Medical History:

FITNESS GOALS

Short-Term Goals:

Long-Term Goals:

Specific Events: _____ Areas of Focus: _____

EXERCISE HISTORY

Previous and Current Exercise Activity:

Frequency: _____ Duration: _____

Intensity: _____ Preferences: _____

Aversions: _____

LIFESTYLE INFORMATION

Occupation: _____ Daily Activity Level: _____

Nutritional Habits: _____ Sleep Patterns: _____

Stress Levels: _____

PREFERENCES AND CONCERNS

Preferred Types of Exercises: _____ Disliked Activities: _____

Known Allergies: _____

Special Accommodations Needed:

INFORMED CONSENT AND LIABILITY WAIVERS

Acknowledgment of Risks:

Waiver of Liability:

Permission to Proceed:

Signature:

Date: _____ dd / mm / yyyy