

CLIENT INTAKE FORM

ONCE COMPLETE PLEASE EMAIL THIS FORM TO
PERSONALTRAINING@FITNESSINCCRANBROOK.COM
AND A TRAINER WILL BE IN TOUCH SHORTLY

NAME

PHONE NUMBER

EMAIL

SEX (M OR F)

WEIGHT

HEIGHT

AGE

WHAT ARE YOUR REASONS FOR FILLING OUT THIS FORM? Check one or more

FITNESS ASSESSMENT

BODY COMPOSITION

PROGRAM DESIGN

ONE ON ONE TRAINING

NUTRITION

OTHER

WHAT IS YOUR MONTHLY BUDGET FOR TRAINING SERVICES? _____

ARE YOU BRAND NEW TO WORKING OUT OR DO YOU HAVE SOME EXPERIENCE?

HOW WOULD YOU RATE YOUR CURRENT FITNESS LEVEL ON A SCALE OF 1 – 10?

**WHAT ARE YOU CURRENTLY DOING FOR EXERCISE (EG: WEIGHTLIFTING,WALKING,
BIKING, OTHER)**

HOW MANY DAYS A WEEK CAN YOU COMMIT TO TRAINING?

PREFERRED WORKOUT LENGTH (30 MINUTES UP TO 2 HOURS)

PREFERRED WORKOUT TIME /DAYS

EARLY MORNING

MID MORNING

EVENING

WHAT ARE YOUR FITNESS GOALS? PLEASE BE SPECIFIC

EXAMPLE: I WANT TO LOSE 10 LBS. IN 3 MONTHS AND SEE LEG DEFINITON

ARE YOU TRAINING FOR A SPECIFIC EVENT/COMPETION? IF YES WHEN?

DO YOU HAVE ANY LIMITATIONS/INJURIES? IF YES PLEASE DESCRIBE IN DETAIL.

HOW WOULD YOU RATE THE FOLLWNG? 1 IS POOR AND 10 IS GREAT

SLEEP 1-10 _____

STRESS 1-10 _____

HOW WOULD YOU RATE YOUR CURRENT NUTRITON INTAKE?

POOR

AVERAGE

EXCELLENT

WHAT ARE YOUR BIGGEST STRUGGELS/OBSTACLES THAT GET IN THE WAY OF YOUR FITNESS GOALS?

MENTAL

PHYSICAL

TIME

BAD HABITS

DO YOUR REGULARY DO ANY OF THE FOLLOWING? IF YES PLEASE STATE THE FREQUENCY.

CONSUME ALCOHOL

FREQUENCY _____

SMOKE

FREQUENCY _____

EAT SUGAR

FREQUENCY _____

Late night snacking

FREQUENCY _____

WHAT DO YOU FEEL IS MOST IMPORTANT IN A TRAINER/CLIENT RELATION?