[YOUR BUSINESS NAME]

Client Intake Form

Please complete this form before your first session. Everything shared here is confidential and used only to build a training program that's safe and effective for you.

Contact Information

Full name _____ Date of birth _____

Phone _____ Email _____

Emergency contact name & phone _____

Training Background

Current activity level

☐ Sedentary ☐ Lightly active ☐ Moderately active ☐ Very active

Training experience

☐ New to training ☐ Under 1 year ☐ 1–3 years ☐ 3+ years

Preferred training days per week

☐ 2 ☐ 3 ☐ 4 ☐ 5+

Equipment access (home gym, commercial gym, limited equipment, etc.) _____

Goals

☐ Build muscle ☐ Lose fat ☐ Improve strength ☐ General health

☐ Sport performance ☐ Rehab / return to training ☐ Other

Primary goal, in your own words _____

Target timeline _____

Health & Injury History

Please flag anything your coach should know before programming your training, including past or current injuries, surgeries, chronic conditions, or movements that cause pain.

Cleared for exercise by a physician if required by your condition?

☐ Yes ☐ No ☐ Not applicable

This form is for programming purposes only and does not replace a physical exam. Clients with underlying health conditions should consult a physician before beginning a new training program.