## **Client Intake Form**

## **Personal Details**

Please complete all required fields (\*)

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Full Name:	
Email Address:	
Phone Number:	
• Age:	
Gender:	
Location (City):	
Health & Safety Assessment (PAR-Q)	
Please answer these questions honestly. If you answer 'Yes' to any question, please consult your doctor before starting a new exercise programme.	
<ul> <li>Do you have a heart condition that requires medical clearance be exercise?</li> </ul>	efore
<ul> <li>Do you experience chest pain during physical activity?</li> </ul>	
<ul> <li>Have you had chest pain in the last month when not exercising?</li> </ul>	
<ul> <li>Do you experience dizziness, loss of balance, or loss of conscio</li> </ul>	usness

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<ul> <li>Do you have any bone or joint problems that could be aggravated by exercise?</li> </ul>
<ul> <li>Are you currently taking any prescribed medication for blood pressure or a heart condition?</li> </ul>
<ul> <li>Do you have any other medical conditions that may affect exercise?</li> </ul>
If you answered 'Yes' to any of the above, please provide details:
Fitness Goals
<ul> <li>What are your primary fitness goals? (Select all that apply)</li> </ul>
☐ Weight Loss
☐ Muscle Gain
☐ Endurance
☐ Strength
☐ General Fitness
☐ Rehabilitation
☐ Stress Reduction
Please describe your specific goals in detail:
Desired timeframe to achieve these goals:
Availability & Scheduling
<ul> <li>Preferred training times (select all that apply):</li> </ul>
☐ Morning (6am-12pm)
☐ Afternoon (12pm-5pm)
☐ Evening (5pm-10pm)
Preferred training environment:
☐ Gym
☐ Home

Client Intake Form 2

☐ Outdoors
☐ Online
Current Activity Level & Habits
How would you describe your current activity level?
☐ Sedentary (Little to no exercise)
☐ Lightly Active (1-2 days per week)
☐ Very Active (5+ days per week)
Average daily steps:
Current exercise routine (if any):
Hours of sleep per night:
Stress levels (1-10):
Nutrition Habits
Typical daily meals:
Water intake (glasses per day):

## **Additional Notes**

Dietary restrictions or preferences:

Please share any other concerns or requests:

By submitting this form, you confirm that all information provided is accurate to the best of your knowledge.

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