

Primal Prowess Training

Client Intake Form

Name: _____

Sex: _____

Age: _____

Phone: _____

Email: _____

Occupation: _____

What made you decide to engage personal training?

What is your primary goal?

What are your favorite activities?

On a scale of 1-10, how would you rate your current fitness level
(1=worst, 10=best)? _____

***Please answer the following with a Y (yes) or N (no):**

- Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc)? ____

- Are you pregnant now or have given birth within the last six months?

- Have you had a recent surgery? _____
- Do you know of any other reason why you should not do physical activity? _____
- If you marked yes to any of the above, please explain below:

***Lifestyle Information**

Do you smoke? If yes, how much daily?

Do you drink alcohol? If yes, how much daily?

How many hours do you regularly sleep at night? _____

Describe your job: Sedentary / Active / Physically Demanding

Does your job require you to travel?

On a scale from 1-10, how would you rate your stress level? (1=low, 10=high) _____

List your 3 biggest sources of stress

a. _____ b. _____

c. _____

Do you regularly use the services of a massage therapist or chiropractor?

***Developing Your Fitness Program**

How often do you take part in physical exercise? _____ per week
for a duration of _____.

If your participation is lower than you would like it to be, what are the reasons? Lack of interest / Illness / Injury / Lack of Time / Other:

What activities are you presently involved in?

Which aspect of fitness would you like the most assistance with?

Realistically, how often would you like to exercise? _____ per week

Realistically, how much time would you like to spend during each exercise session? _____

If you could design your own exercise program, what would an ideal training week look like? Be specific.

Where will you be completing your training sessions?

If necessary, please describe the equipment and space you have access to

***Goal Setting**

What would you ultimately like to learn from your trainer during these sessions?

How can I help you most effectively? What motivates you? What do you wish to accomplish most?

In order to increase your chances of being successful at achieving your goals, ensure your goals are “SMART”:

S=Specific (provide details, how much, how long, etc)

M=Measurable (how will you measure when you’ve reached your goals)

A=Attainable (be realistic, set smaller goals)

R=Rewards-based (attach a reward to each goal)

T=Time (set specific dates for goals)

Please list in order of priority, the goals you would like to achieve in the next 3-12 months:

a. _____

b. _____

c. _____

On a scale from 1-5, how would you rate your nutrition (1=poor, 5=excellent)? ____

Please elaborate on your eating/nutritional habits as you feel necessary:

***Miscellaneous**

Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent to being physically active or working with a personal trainer.

*If you're willing to send a client intake photo, please feel free to do so. This not only helps establish our remote relationship, but also serves as a possible before and after for you. The photo can be in comfortable clothing or you may choose to show your current physique.

Depending on how you wish to train, I may ask for video recording of you performing a number of specific movements.