

Personal Trainer Intake Form

Personal Information

Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Emergency Contact Person (Specify relationship):

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 (e.g., marathon):

Areas of Focus (e.g., weight loss, muscle gain):

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: