Personal Training Intake Form

Client screening, goals and baseline for a new personal training engagement.

ORGANISATION

DATE

Client details

FULL NAME

DATE OF BIRTH

START DATE

MOBILE

EMAIL

OCCUPATION

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE

GP NAME AND PRACTICE

PRACTICE PHONE

Pre-exercise screening

TICK ANY THAT APPLY

- [ ] Heart condition or high blood pressure
- [ ] Chest pain at rest or on exertion
- [ ] Dizziness, fainting or balance loss
- [ ] Asthma or breathing difficulty
- [ ] Diabetes
- [ ] Joint, bone or back problem
- [ ] Recent surgery or hospital admission
- [ ] Pregnant or postnatal within 12 months
- [ ] Prescribed medication for a chronic condition
- [ ] Previously advised not to exercise

DETAILS FOR ANYTHING TICKED ABOVE

CURRENT OR PAST INJURIES AND HOW THEY AFFECT MOVEMENT

MEDICAL CLEARANCE

- [ ] Not required
- [ ] Requested
- [ ] Received and on file

Training history

CURRENT ACTIVITY LEVEL

- [ ] Sedentary
- [ ] Occasional
- [ ] 2 to 3 times a week
- [ ] 4 or more times a week

WHAT YOU CURRENTLY DO FOR EXERCISE

HOW LONG YOU HAVE BEEN DOING IT

EXPERIENCE WITH

- [ ] Free weights
- [ ] Machines
- [ ] Cardio equipment
- [ ] Group classes
- [ ] Barbell lifts
- [ ] Bodyweight
- [ ] Running
- [ ] None of these

WHAT YOU HAVE ENJOYED IN THE PAST

WHAT YOU HAVE HATED

Goals

WHAT YOU WANT TO ACHIEVE, IN YOUR OWN WORDS

WHY THIS MATTERS TO YOU NOW

TARGET TIMEFRAME

HOW YOU WILL KNOW IT WORKED

Practical

SESSIONS PER WEEK

PREFERRED DAYS AND TIMES

TRAINING LOCATION

EQUIPMENT AVAILABLE TO YOU BETWEEN SESSIONS

REALISTIC TIME FOR TRAINING OUTSIDE SESSIONS

TYPICAL SLEEP

TYPICAL STRESS LEVEL

OCCUPATION DEMANDS (SITTING, STANDING, LIFTING)

ANYTHING THAT HAS DERAILED YOUR TRAINING BEFORE

> Trainer note: keep any physical measurements you take on a separate progress record rather than on the intake form, and agree with the client which measures they want tracked before you take them.

Agreement

- [ ] The health information I have given is accurate and I will report any change
- [ ] I understand exercise carries inherent risk of injury
- [ ] I will stop and tell my trainer immediately if I feel pain, dizziness or unwell
- [ ] I understand my trainer is not a doctor, physiotherapist or dietitian and will refer me where appropriate
- [ ] I have read the cancellation, late arrival and session expiry policy

CLIENT SIGNATURE | PRINT NAME | DATE

TRAINER SIGNATURE | PRINT NAME | DATE