

# Client Intake Form

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**Name**

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**Date of Assessment**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Current Medications:**

\_\_\_\_\_  
\_\_\_\_\_

**Current Injuries:** \_\_\_\_\_

**Past Injuries:** \_\_\_\_\_

\_\_\_\_\_  
**Additional Medical History:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Fitness Routine:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Fitness Goals:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Nutrition & Why. (Describe/Rate Your Diet):**

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**How much time are you willing/open to devote to achieving your goal(s)? Why?**

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**What do you consider your “fitness” strength and why?**

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**What do you consider your biggest “fitness” weakness and why?**

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**Do you incorporate any active recovery, stretching, or mindfulness into your fitness routines? If so, what do you do?**

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**What are your biggest challenges or frustrations with regards to reaching your goals?**

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**Do you have any specific concerns or fears about working with a trainer? Why or why not.**

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**\*\*\*Mindset Specific Questions to Consider\*\*\***

- 1. What is your biggest motivating factor?**
- 2. How mentally tough do you consider yourself? Why?**
- 3. Do you keep track of your exercise? Length? Type? Feel? Recovery?**
- 4. Do you keep track of your food/hydration?**
- 5. Do you keep track of your sleep?**

**Please fill out this form to the best of your ability and be ready to discuss the “Mindset” questions when we connect! I look forward to working with you to achieve your health and fitness goals!**

**YES YOU CAN!**

**Trainer Name**\_\_\_\_\_

**Email Address:**\_\_\_\_\_

**Phone Number:**\_\_\_\_\_