



TRAINING INTAKE FORM

What are your goals for personal training? Select as many as apply.

- Appearance (aesthetics)
- Flexibility
- Health (General)
- Muscular definition
- Muscular size
- Muscular strength/power
- Self-esteem or confidence
- Speed
- Sports performance
- Stress reduction
- Toning and shaping
- Weight loss
- Posture

What is your diet like?

What do you struggle with the most regarding food? (Ex: Snacking, overeating, not eating enough)

Do you drink alcohol? If yes how often and what kind.

Do you smoke?

Do you exercise regularly?

Rate your ability to perform cardio exercises

Rate your experience with exercise

What equipment do you have access to?

- Free weights (dumbbell/barbells)
- Gym machines
- Cable weights
- Resistance bands
- Kettlebells
- Bowflex or home gym

On which days are you available to work out?

- Sunday
- Monday
- Tuesday
- Wednesday

- Thursday
- Friday
- Saturday

Do you have an Apple watch or Fitbit?

How frequently do you have time to exercise?

Do you have any existing injuries or conditions that I should be aware of while building your training plan?

On a level from 1 – 10 how committed are you to changing your habits to better change your results?

What are you hoping to gain from hiring me as a trainer?

MEMBER CONTACT INFORMATION

First Name: _____ **Last Name:** _____

Address: _____

Province: _____ **Postal Code:** _____

Email Address: _____

Phone: _____ **DOB:** _____