

# Client Intake Form

trainercheck.app

Please complete before your first session.

## 1. The basics

Full name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Best way and time to reach you:  
\_\_\_\_\_

Emergency contact (name and number):  
\_\_\_\_\_

## 2. Goals

What do you want to achieve?  
\_\_\_\_\_  
\_\_\_\_\_

What would success look like, in your own words?  
\_\_\_\_\_  
\_\_\_\_\_

Is there a date or event you are working towards?  
\_\_\_\_\_

How will you know this is working?  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Training history

What training have you done before?  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Training history (continued)

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How long have you trained consistently, at your best?

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What did you enjoy most?

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What did you dislike or dread?

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If you have stopped training before, what got in the way?

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Any past injuries, surgeries or problem areas?

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### 4. Health screening

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If you answer yes to anything in this section, please add detail on the lines provided. We may ask you to get clearance from your doctor before starting.

Has a doctor ever advised you to limit your physical activity? Y ☐ N ☐

Do you have any diagnosed heart, lung or blood pressure condition? Y ☐ N ☐

Do you get chest pain, dizziness or breathlessness during activity? Y ☐ N ☐

Do you have any bone, joint or back problem activity could worsen? Y ☐ N ☐

Are you managing a long-term condition (diabetes, asthma, epilepsy, thyroid)? Y ☐ N ☐

Are you taking any medication that could affect exercise? Y ☐ N ☐

Are you pregnant, or have you given birth in the last 6 months? Y ☐ N ☐

Detail for any 'yes' answers above:

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Is there anything else about your health I should know?

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## 5. Lifestyle

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Average sleep per night (hours): \_\_\_\_\_

Current stress level (1 to 10): \_\_\_\_\_

Work pattern (hours, shifts, desk or active): \_\_\_\_\_

Current activity outside training: \_\_\_\_\_

How would you describe your eating at the moment? \_\_\_\_\_

Any dietary requirements, allergies or foods you will not eat? \_\_\_\_\_

## 6. Logistics and consent

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Days and times you can train: \_\_\_\_\_

How many sessions per week are realistic? \_\_\_\_\_

Where will you train, and what equipment do you have? \_\_\_\_\_

How do you prefer to be coached (pushed hard, gently encouraged)? \_\_\_\_\_

Anything else you would like me to know before we start? \_\_\_\_\_

I confirm the information above is accurate and complete.

Y ☐ N ☐

## 6. Logistics and consent (continued)

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I have read and agree to the coaching terms and cancellation policy.

Y ☐ N ☐

Signature: \_\_\_\_\_

Date: \_\_\_\_\_