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?

_____

_____

How long have you trained consistently, at your best?

_____

3. Training history (continued)

What did you enjoy most?

What did you dislike or dread?

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

Any past injuries, surgeries or problem areas?

4. Health screening

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:

Is there anything else about your health I should know?

5. Lifestyle

Average sleep per night (hours):

Current stress level (1 to 10):

5. Lifestyle (continued)

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

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 ☐

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

Signature:

Date: