

BEFORE YOUR FIRST SESSION

Client intake form for personal trainers

Complete this before your first session. Everything you write here is used only to plan your training.

TRAINER OR BUSINESS NAME

DATE COMPLETED

CLIENT	FIRST SESSION	SESSIONS PER WEEK	TRAIN WHERE	HEALTH FLAGS, SECTION 3
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1 About you

FULL NAME

DATE OF BIRTH

EMAIL

MOBILE PHONE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

OCCUPATION

HOW DID YOU HEAR ABOUT ME?

2 Your goals

What is the main thing you want from training?

 Lose fat ☐	 Build muscle ☐	 Get stronger ☐	 Improve fitness or endurance ☐
 Move without pain ☐	 Prepare for an event ☐	 Build a habit ☐	 Other ☐

IN YOUR OWN WORDS, WHAT DOES SUCCESS LOOK LIKE IN 12 WEEKS?

WHAT HAS STOPPED YOU REACHING THIS BEFORE?

HOW IMPORTANT IS THIS GOAL, 1 TO 10?

TARGET DATE, IF ANY

3 Health, injuries and medical history

Complete your pre-exercise health screening (PAR-Q) as a separate form before your first session.

Do you have, or have you had, any of these? Tick all that apply.

- ☐ Back or neck pain
 ☐ Shoulder problem
 ☐ Knee problem
 ☐ Hip problem
 ☐ Ankle or foot problem
 ☐ Joint or tendon injury
 ☐ Recent surgery
 ☐ High blood pressure
 ☐ Diabetes
 ☐ Asthma or breathing condition
 ☐ Pregnant or postnatal
 ☐ Other long-term condition

GIVE DETAILS OF ANYTHING TICKED, INCLUDING DATES AND WHAT HELPED OR MADE IT WORSE.

MEDICATION THAT MAY AFFECT EXERCISE

ALLERGIES

DOCTOR OR PHYSIO YOU SEE (OPTIONAL)

LAST CHECK-UP, MONTH AND YEAR

4 Training history

TRAINING NOW? WHERE AND HOW OFTEN

YEARS OF EXPERIENCE

WHAT HAVE YOU TRIED BEFORE, AND WHAT DID YOU LIKE OR DISLIKE?

Where do you want to train?

- ☐ Gym
 ☐ Home
 ☐ Outdoors
 ☐ Online sessions
 ☐ Mix

EQUIPMENT YOU HAVE ACCESS TO

SESSIONS PER WEEK YOU CAN COMMIT TO

5 Lifestyle

HOURS OF SLEEP ON A TYPICAL NIGHT

STRESS LEVEL, 1 TO 10

HOURS SEATED PER DAY

TYPICAL STEPS PER DAY, IF KNOWN

WORK SCHEDULE OR SHIFT PATTERN

SMOKE OR VAPE? ALCOHOL PER WEEK

ANYTHING IN YOUR WEEK THAT WILL GET IN THE WAY OF TRAINING?

6 Nutrition

MEALS PER DAY

FOOD ALLERGIES OR INTOLERANCES

FOODS YOU DISLIKE OR WILL NOT EAT

DO YOU TRACK FOOD NOW? APP OR METHOD

DIET TYPE, IF ANY

Do you want nutrition guidance as part of coaching?

☐ Yes, full plan ☐ Yes, general habits only ☐ No, training only

7 How we will work together

DAYS AND TIMES YOU CAN TRAIN

BEST TIME FOR CHECK-INS

How would you like me to reach you?

☐ App chat ☐ Email ☐ Text message ☐ Phone call

WHAT DO YOU NEED FROM A COACH TO STAY ON TRACK?

8 Consent

I confirm the answers above are accurate to the best of my knowledge and that I will tell my trainer about any change in my health. I agree that my trainer may store this information, including health information, to plan and deliver my training. I understand I can ask to see, correct or delete it at any time, and that I can withdraw this consent in writing.

Client

CLIENT SIGNATURE

DATE

Trainer

TRAINER NAME

DATE REVIEWED

This template is general guidance, not legal or medical advice. Check your local data protection rules and your insurer's requirements, and adapt the wording to your business. It does not replace a pre-exercise health screening such as a PAR-Q, which should be completed separately. Free to copy, print and adapt.