

CLIENT INTAKE FORM

Client Information

Full Name _____

Date of Birth _____

Phone Number _____

Email _____

Preferred Contact Method ☐Text ☐Email ☐Phone

Start Date _____

Fitness Goal

☐Fat loss ☐Muscle gain ☐Lower body toning ☐Core strength

☐Mobility ☐General health ☐Conditioning ☐Strength ☐Other_____

Primary goal in your own words _____

Target weight or measurement _____

Timeline or event date _____

Current Stats

Height _____

Current weight _____

Waist measurement _____

Hip measurement _____

Progress photos submitted ☐Yes ☐No

Training Background

☐Beginner ☐Intermediate ☐Advanced ☐Returning after break

☐Currently active ☐Never trained consistently

Days available to train _____

Preferred workout days _____

Session length available _____

Equipment available _____



Health And Limitations

Injuries or pain areas _____

Medical conditions to consider _____

Medications that affect training or appetite _____

Movements to avoid _____

Doctor clearance needed ☐Yes ☐No ☐Unsure

Nutrition Preferences

Foods you do not eat _____

Food allergies _____

Favorite proteins _____

Favorite carbs _____

Favorite vegetables _____

Meals per day preferred _____

Eating schedule _____

Lifestyle And Accountability

Average sleep per night _____

Water intake per day _____

Stress level from 1 to 10 _____

Weekly check in day _____

Biggest obstacle right now _____

Client Agreement

I understand payment must be made prior to receiving my plan. I understand this plan is for general fitness and nutrition coaching and is not medical treatment. I agree to communicate pain, medical concerns, food issues, and schedule changes so the plan can be adjusted safely.

Client Signature _____

Date _____