Personal Training Intake Sheet

Name: ___________________________ Phone: ___________________ Age: _____

Date Par – Q completed: ________________________________

1. What is your current level of fitness?
   a) Have not worked out in the last two years
   b) Have not worked out in the last year
   c) Work out weekly-daily (how many times)

2. Any health concerns we should be aware of?
   Ex. Heart Condition, Diabetes, Arthritis...etc.
   Yes/No _________________________________

3. Any joint injuries or concerns?
   Ex. Hip, knee, shoulders
   Yes/No _________________________________

4. What level of trainer involvement are you looking for?
   a) One time program set up.
   b) Program set up plus initial personal training
   c) Ongoing Personal Training (how often)

Staff Member: _______________

Time/Date: _______________