

PERSONAL TRAINING INTAKE FORM

Client Information

Full Name: _____
Date of Birth: _____ Gender: _____
Address: _____
Phone Number: _____
Email Address: _____

Emergency Contact

Full Name: _____
Relationship: _____
Phone Number: _____

Health and Medical History

- Do you have any current medical conditions that may affect your exercise program?

- Do you take any medications regularly?

- Have you had any surgeries in the last 5 years?

- Do you experience chest pain during physical activity?

- Do you have high blood pressure?

- Do you have diabetes?

- Do you have any injuries or disabilities?

- Are you pregnant or postpartum?

- Do you have any allergies?

- **Do you smoke or use tobacco products?**

Fitness and Lifestyle

- **What are your primary fitness goals?**

- **How many days per week do you currently exercise?**

- **What types of exercise do you usually perform?**

- **Do you have any prior experience with personal training?**

- **What is your occupation and daily activity level?**

- **Do you have any dietary restrictions or preferences?**

- **Do you consume alcohol? If yes, how frequently?**

- **How many hours of sleep do you get on average per night?**

- **Do you experience stress that affects your health or fitness?**

Consent and Agreement

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I understand that it is my responsibility to inform my personal trainer of any changes in my health status or medical conditions. I acknowledge that participation in any exercise program involves inherent risks, including the risk of injury, and I voluntarily assume all such risks. I release and hold harmless my personal trainer, training facility, and associated personnel from any claims, liabilities, or damages arising from my participation in the training program, except those caused by negligence or intentional misconduct. I understand that no guarantees have been made regarding the results of my training, and I agree to follow instructions and guidelines provided by my trainer for my safety and well-being.

CLIENT'S SIGNATURE

TRAINER'S SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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