



## Personal Training Intake Form

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

What are your fitness goals? Please be as specific as possible.

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What type of exercise do you do currently and how often?

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Do you have any medical concerns or previous injuries that affect your ability to exercise?

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How many days per week are you interested in training? \_\_\_\_\_

What is your exercise availability? (Specific days of the week, evenings, daytime, weekends?)

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Is there a specific trainer you would like to work with? Please specify: \_\_\_\_\_

Do you have a preference of a male or female trainer? \_\_\_\_\_