**Intake Questionnaire**

**General Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **E-mail** |  |
| **Phone** |  |
| **Contact Preference** |  |
| **Emergency Contact** |  |
| **Date of Birth** |  |
| **Height** |  |
| **Weight** |  |
| **Resting Heart Rate (if known)** |  |
| **Any current injuries** |  |
| **Past injuries** |  |
| **Source of past injuries (activity type)** |  |
| **Do you wear a smart watch or other workout tracker?** |  |
| **How far from home/work is your gym?** |  |

**Highlight the types of fitness equipment you have access to**

|  |  |  |
| --- | --- | --- |
| **Equipment Type** | **At home** | **At gym** |
| Treadmill |  |  |
| Bike (what type?) |  |  |
| Free weights - Dumbbell |  |  |
| Free weights - Barbell |  |  |
| Weight machines |  |  |
| Cable machines |  |  |
| Elastic resistance |  |  |
| Medicine balls |  |  |
| Kettle bells |  |  |
| Stability balls |  |  |

* **What are your short- and long-term fitness goals?**
* **What are the biggest factors preventing you from meeting the above goals?**
* **What does the schedule look like for your typical workday (M-F)?**
* **What is your workout history – what types of workouts have you done in the past and feel comfortable doing today?**
* **What is workout volume/frequency during the average week (current)?**
* **What are your expectations for a personal trainer?**