New Client Intake Form

Contact Information

Date: _____ _____Phone _____ In-Person

Name:

_____

Address:

_____

Preferred method of contact:

_____ Phone (home): _____

_____ Phone (cell): _____

_____ Email: _____

Training Schedule Interest (circle all that apply):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am	am
midday	midday	midday	midday	midday	midday	midday	midday
pm	pm	pm	pm	pm	pm	pm	pm

Health and Fitness Information

General Health and Fitness Goals (check all that apply):

- ☐ strength
- ☐ endurance
- ☐ sport performance
- ☐ physical appearance
- ☐ disease management
- ☐ stress management
- ☐ weight management
- ☐ energy/vitality

Health or other Fitness Professional(s) treating client:

_____

_____

Medical Considerations/Limitations:

_____

_____

MD Release Form Needed: _____ Yes _____ No

MD Name/Phone Contact (if necessary):

_____

Action Items

Referral to Health of Fitness Professional: _____ Yes _____ No

Referral:

_____

If compatible:

MD Release Form (if necessary) Date Sent: _____ Rec'd: _____

Initial Client Consultation Date: _____

Service Introduction Packet Delivered: _____ In-Person _____ Email _____ Mail

Comments:

_____

_____