TIFFANY CHAG
NUTRITION | TRAINING

Personal Training Intake Form

Date:

Client Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

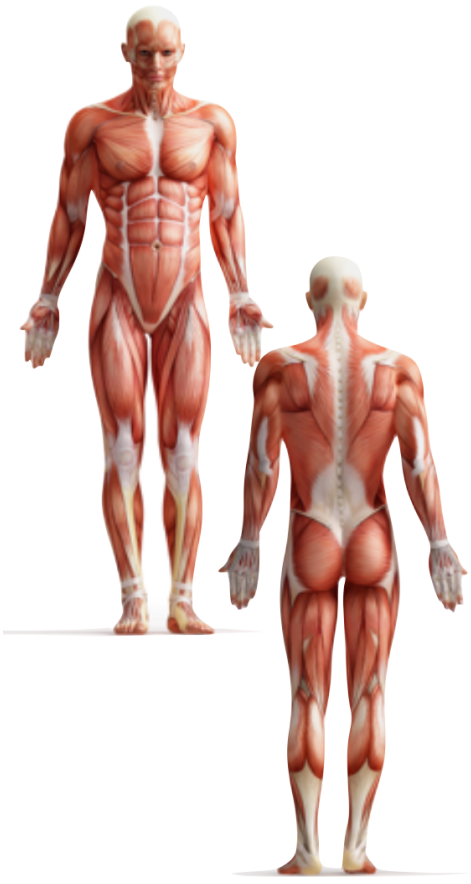
Date of Birth _____ Age _____

Medical History

Check all that apply:

Anemia ☐	Heart Issues ☐
Arthritis ☐	Hemophilia ☐
Asthma ☐	High Blood Pressure ☐
Blood Disorder ☐	High Cholesterol ☐
Chest Pains ☐	Joint Pain ☐
Diabetes ☐	Kidney Problems ☐
Dizziness ☐	Low Back Pain ☐
Epilepsy ☐	Osteoporosis ☐
Frequent headaches ☐	Pelvic Floor Iss ☐
Stomach Iss. ☐	Scoliosis ☐

Visual Points of Injury/Pain (circle all that apply):



Please explain any checks from above

Are you currently taking any medications (please list below):

Have you had any surgery in the last 2 years? If yes, please explain

Do you have any urinary incontinence, diastasis recti, or other issues post-partum? If yes, please explain

Physical Activity

Approximately how many days a week do you exercise?

0-1x/week ☐ 2-4x/week ☐ ≥5x/week ☐

On average, how long are your workouts? _____

What type of activities/exercises do you currently do? (swim, walk, run, cycle, resistance train, dance, etc.)

On average, how many steps do you take daily? Weekday_____ Weekend _____

Recovery

Sleep: On average, how many hours of sleep do you get nightly? Weekdays ☐ Weekends ☐

Do you wake up feeling rested? (check one) Never ☐ Sometimes ☐ Often ☐ Always ☐

Do you take sleep aid medication? YES NO

Do you take anything to keep you up during the day? _____

(eg. caffeine pills, 5 hour energy, mid day coffee)

Stress: What is your current stress level (work, family, finances)? ☐

1=very low stress, 10=very high stress

Nutrition

How many ounces of water do you drink daily? (1 regular poland spring bottle = 16oz) _____

How many times per day do you eat? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐

How many servings of fruits and vegetables do you eat daily? 0 ☐ 1-2 ☐ 3-4 ☐ 5+ ☐

How many alcoholic drinks do you consume weekly? <3 ☐ 4-8 ☐ 9-14 ☐ >15 ☐

Do you currently follow a specific type of eating patten (vegan, vegetarian, paleo, keto, etc.)?

Do you currently take any dietary supplements (multivitamin, protein, Vit D, etc.)?

If yes, please list what you take below and why.

Health and Fitness Goals

What are your specific training goals? Consider answering the questions:

> What do I want to work towards during my workouts?

> A year from now I will be able to…

Examples: improve posture, do a pull-up, complete a triathlon, feel better about my body, etc.

1
2
3

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FOR TIFFANY'S REFERENCE ONLY

HEP: YES☐ NO☐

Program Design Information:

Time available per day

Sun	
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	

Equipment Available:

Activities Enjoyed:

Mobility Issues to address:

Foundation Strength to focus on:

Daily Preferences/Other Notes:

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