



New Client Intake Form
Nutritional & Exercise Program



Client Intake form

PERSONAL/METRICS

Name:

Age:

Body Mass:

kg

Height:

ft/inches

GOALS

Short Term Goal 1-12 weeks:

Long Term Goal (12 weeks+) :

e.g transform physique, lose a considerable amount of weight - enter a show etc

DIETARY INFORMATION

Example current day of eating or macronutrients values (if followed):

Current sports and dietary supplements used:

Allergies:

Foods you do not like or that cause you digestive issues:

Foods that you enjoy eating:

DIETARY INFORMATION

Do you use MyFitnesspal? :

Yes

No

Current Weight training split and amount of times per week (Include full set/reps structure, based on a 7 day week, include rest):

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

Current Cardiovascular training split and amount of times per week:

Time and amount of days available to train each week:

Monday	Available	Time
Tuesday	Available	Time
Wednesday	Available	Time
Thursday	Available	Time
Friday	Available	Time
Saturday	Available	Time
Sunday	Available	Time

Any barriers that will affect your performance in the gym:

What kit/Equipment do you have available to you?
(Please list main pieces of equipment you have available to you in your gym/at home)

HEALTH & LIFESTYLE

Do you currently live an active lifestyle or have a job that requires a large amount of physical output?

Yes No

What is your current daily routine? (Give an example of a typical day for yourself.)

How would you describe your current level of physical fitness in line with your goals?

Do you smoke? (If so how many per day?)

Yes No Amount

Do you drink? (If so, how many units on average per week?)

Yes No Amount

Do you have any medical conditions?

Yes No

If you answered 'YES' to any medical conditions, please describe below:

Have you had any serious injuries in the past 5 years?

Yes No

If you answered 'YES' to any serious injuries, please describe below:

Do you have any current injury issues?

Yes

No

If you answered 'YES' to any current injury issues, please describe below:

What is your resting heart rate?

Heart Rate

Physical activity readiness questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?	YES	NO
2. Do you feel pain in your chest when you do physical activity?	YES	NO
3. In the past month, have you had chest pain when you were not doing physical activity?	YES	NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES	NO
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	YES	NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?	YES	NO
7. Do you know of any other reason why you should not do physical activity?	YES	NO

If you answered YES to one or more questions, talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice find out which community programmes are safe and helpful for you