



Client Intake Form

Tell me where you are starting from, and I will build the plan around you.

Please complete every section as fully as you can. There are no wrong answers - honest answers mean a safer, more effective plan. Print and write, or fill it in and send it back before your first session.

1 PERSONAL INFORMATION

FULL NAME

AGE

DATE OF BIRTH (OPTIONAL)

EMAIL

PHONE

PREFERRED CONTACT

EMERGENCY CONTACT - NAME

EMERGENCY CONTACT - PHONE

HOW DID YOU HEAR ABOUT G4E?

2 YOUR GOALS

- ☐ Lose body fat ☐ Build strength / muscle ☐ More energy ☐ Move better / less stiff ☐ Return after injury
☐ Sport / hobby performance ☐ General health ☐ Other

YOUR MAIN GOAL, IN YOUR OWN WORDS

TARGET TIMELINE (E.G. 8 WEEKS, 3 MONTHS)

HOW WILL YOU KNOW IT IS WORKING?

3 HEALTH, INJURIES AND LIMITATIONS

CURRENT INJURIES, ACHES OR PAIN - WHERE, AND WHAT MAKES IT BETTER OR WORSE?

PAST INJURIES, SURGERIES OR PHYSICAL THERAPY

DO ANY OF THESE APPLY TO YOU? TICK ALL THAT APPLY

- ☐ Heart condition ☐ High blood pressure ☐ Diabetes ☐ Asthma / breathing ☐ Back or neck issues
☐ Joint problems ☐ Balance concerns ☐ None of these

AREAS THAT BOTHER YOU

- ☐ Neck ☐ Shoulder ☐ Elbow / wrist ☐ Lower back ☐ Hip ☐ Knee ☐ Ankle / foot ☐ Other

MEDICATIONS I SHOULD KNOW ABOUT

CLEARED TO EXERCISE BY A DOCTOR?

- ☐ Yes ☐ No ☐ Not yet

MOVEMENTS OR EXERCISES TO AVOID



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Workout preferences, fitness level and equipment.

4 WHAT TYPE OF WORKOUT DO YOU WANT?

WHERE DO YOU WANT TO TRAIN? TICK ALL THAT APPLY

☐ Home based ☐ Gym ☐ Mix of home and gym ☐ Outdoors ☐ No preference - advise me

TYPES OF TRAINING YOU ENJOY - OR WANT TO TRY

☐ Strength / weights ☐ Cardio ☐ Walking ☐ Intervals / circuits ☐ Mobility / stretching ☐ Classes

☐ Sports ☐ Other

DAYS PER WEEK YOU CAN
TRAIN

MINUTES PER SESSION

BEST TIME OF DAY

DAYS THAT WORK BEST FOR YOU

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐ Flexible

ANYTHING YOU KNOW YOU DO NOT ENJOY?

5 YOUR FITNESS LEVEL

☐ **Beginner** - new, or returning after a long break ☐ **Intermediate** - training fairly regularly

☐ **Advanced** - training consistently for a year or more

CURRENT ACTIVITY - WHAT DO YOU DO IN A TYPICAL WEEK?

DAILY STEPS / WALKING (ROUGH AVERAGE, IF KNOWN)

HOW LONG HAVE YOU BEEN TRAINING LIKE THIS?

ANYTHING YOU CAN ALREADY DO WELL, OR WANT TESTED? (E.G. PUSH-UPS, SQUATS, WALKING DISTANCE)



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Equipment, anything else, and sign-off.

6 EQUIPMENT YOU HAVE

AT HOME - TICK ALL YOU HAVE, AND NOTE WEIGHTS WHERE YOU CAN

- ☐ Dumbbells ☐ Adjustable dumbbells ☐ Kettlebell ☐ Resistance bands ☐ Bench / step ☐ Barbell / rack
☐ Treadmill ☐ Bike / rower ☐ Pull-up bar ☐ Mat only ☐ No equipment yet

DUMBBELL / KETTLEBELL WEIGHTS YOU OWN

GYM ACCESS - GYM NAME OR TYPE, IF ANY

OTHER EQUIPMENT

7 ANYTHING ELSE I SHOULD KNOW?

SLEEP - HOURS PER NIGHT, ROUGHLY

WORK / DAILY ACTIVITY - DESK, ON YOUR FEET, PHYSICAL?

STRESS LEVEL (1-10)

SCHEDULE, FAMILY, TRAVEL OR OTHER CONSTRAINTS ON TRAINING

ANYTHING ELSE - HEALTH, NUTRITION, PAST PROGRAMS, WORRIES, OR QUESTIONS FOR COACH ERIC

Please read and sign: The information above is accurate to the best of my knowledge. I understand G4E coaching is fitness guidance, not medical advice or treatment, and I will check with my doctor about any condition, injury or medication that could affect exercise. I will tell my coach about any new pain, injury or change in health.

CLIENT SIGNATURE

DATE

FOR COACH USE ONLY - DO NOT COMPLETE

PLAN TYPE / PROGRAM

STARTING FOCUS

START DATE

COACH NOTES