



## Personal Training Intake Form

### PARTICIPANT INFORMATION

Name	Date
Address	
Phone Number	Email
Physician's Name	Clinic

1. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Gender (circle one) Male Female
3. How did you learn about LyndaFit personal training (circle all that apply)
  - a. A friend or family member or word of mouth
  - b. A doctor or other health care professional
  - c. A local awareness/support group or event
  - d. A mailing or email communication
  - e. A poster or flyer at a medical center
  - f. LyndaFit website or social media
  - g. Media (TV, web, radio, print, etc.)
  - h. Other (Please specify): \_\_\_\_\_

### HEALTH INFORMATION

4. Have you had any of the following health problems?

a. Pulmonary (lung) problems	Yes	No
b. Heart problems or surgery	Yes	No
c. Diabetes	Yes	No
d. Cancer	Yes	No
e. Altered heart rate	Yes	No
f. Dizziness or fainting	Yes	No
g. Chest, neck or arm pain	Yes	No
h. Pain or cramping in legs while walking	Yes	No
i. Short term weakness on one side of the body	Yes	No
j. Elevated blood pressure	Yes	No
k. Low blood pressure	Yes	No
l. High cholesterol	Yes	No
m. Smoker or previous smoker	Yes	No
n. Arthritis	Yes	No
o. Orthopedic problems/surgery (shoulder, hip, knee)	Yes	No
p. Back or neck pain or spasm	Yes	No
q. Other (please specify) _____		



9c. Please list the TYPES of exercise you participate in regularly?

10. Are there any limitations?

Yes No

10a. If yes, please explain \_\_\_\_\_

11. Describe your past experience with resistance training and aerobic training?

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12. What expectations do you have from this program?

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13. Do you have any concerns about starting this exercise program?

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## GOAL SETTING

14. Rank your goals for beginning an exercise program. What do you want exercise to do for you?

	Not at all Important		Somewhat Important		Extremely Important	
a. Improve cardiovascular fitness	1	2	3	4	5	6
b. Facilitate body fat weight loss	1	2	3	4	5	6
c. Reshape or tone my body	1	2	3	4	5	6
d. Improve performance for a specific sport	1	2	3	4	5	6
e. Improve moods & ability to cope with stress	1	2	3	4	5	6
f. Improve flexibility	1	2	3	4	5	6
g. Increase strength	1	2	3	4	5	6
h. Increase energy level	1	2	3	4	5	6
i. Feel better	1	2	3	4	5	6
j. Increase enjoyment	1	2	3	4	5	6
k. Other _____	1	2	3	4	5	6