# CLIENT ANAMNESIS

CLIENT INTAKE FORM

## 1 PERSONAL INFORMATION

Full name

Date of birth

Phone number

E-mail

Occupation

Preferred contact method

## 2 MAIN GOAL

What is your main reason for starting personal training?

■ Build muscle ■ Lose body fat ■ Improve strength ■ Improve fitness
■ Athletic performance ■ Mobility ■ General health ■ Active ageing ■ Other: _____

What would you like to achieve through personal training?

What would success look like in 8–12 weeks?

## 3 TRAINING BACKGROUND

How would you describe your current training level?

■ Beginner ■ Intermediate ■ Advanced

What type of training do you currently do?

How many times per week do you train?

What sports or physical activities do you participate in?

Have you worked with a personal trainer before? ■ Yes ■ No

If yes, what did you like or dislike?

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## 4 HEALTH & MEDICAL HISTORY

Do you have any health conditions, injuries, or limitations affecting training?

■ Yes ■ No If yes, please describe:

Have you had significant injuries or surgeries? ■ Yes ■ No

Do you currently experience pain during movement or exercise? ■ Yes ■ No Where?

Are you taking medication relevant to exercise? ■ Yes ■ No

Have you been advised to limit physical activity? ■ Yes ■ No

## 5 LIFESTYLE

Average sleep per night: _____ hours

Sleep quality: ■ Poor ■ Average ■ Good ■ Excellent

Daily stress: ■ Low ■ Moderate ■ High ■ Very high

Activity outside training: ■ Sedentary ■ Light ■ Moderate ■ Very active

## 6 NUTRITION

How would you describe your current nutrition?

How many meals do you usually eat per day?

Do you have dietary restrictions or allergies? ■ Yes ■ No

If yes, please describe:

## ✓ CONFIRMATION

I confirm that the information provided is accurate to the best of my knowledge. I understand that personal training involves physical activity and that I should communicate relevant changes in my health or physical condition to my trainer.

Client: _____ Date: _____

Signature: _____ Trainer: DavidGrindz