



Intake Form

Full Name: _____

Home Address: _____

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Gender: _____

Age: _____

Date of Birth: _____

Occupation: _____

Did someone refer you to PITTSBURGH STRENGTH? **YES** **NO**

If yes, full name of the person who referred you: _____

What is your marital status? **MARRIED** **SINGLE** **IN A RELATIONSHIP**

What is the name of your spouses or significant others? _____

Do you have Children? **YES** **NO**

If yes, how many and what are their ages? _____

Do you travel often? **YES** **NO** If yes, how often? _____

BUSINESS

PERSONAL

BOTH

How do you rate your physical fitness level? High, medium or low?

HIGH

MEDIUM

LOW

Do you currently participate in physical fitness exercise? **YES** **NO**

If yes, how often? _____

Are you currently a member of any fitness gym or health club? **YES** **NO**

If yes, what is the name of the gym or health club? _____

Are you active in any sports? **YES** **NO**

If yes, which sports? _____

What team or previous teams where applicable? _____

How can PITTSBURGH STRENGTH help you with your fitness goals? List the three most important fitness goals you are trying to achieve in order?

1. _____ 2. _____ 3. _____

How will achieving these goals make you a improved person?

Where do you currently rate health in your life? Low, Medium or High Priority?

LOW

MEDIUM

HIGH

How committed are you to achieving your fitness goals? _____

What do you think the most important thing is that your Personal Trainer can do, to help you achieve your fitness goals? _____

List any possible obstacles or your potential actions, behaviors or activities that could interfere with progress towards accomplishing your personal fitness goals: Be specific if any: _____

List two action steps that you plan to use to overcome the above specific obstacles:

1. _____ 2. _____

How important is it for you to have someone monitoring your nutritional intake over a period of time? _____

What three activities do you enjoy most on your leisure time?

1. _____ 2. _____ 3. _____