



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 spouse or significant other? _____

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 improve your daily life?

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. _____