

Strength For Life, INC  
Intake Form

Client Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Male / Female

Email: \_\_\_\_\_

How did you learn about us?  referred by \_\_\_\_\_  flyer  
 Web site  other, please list \_\_\_\_\_

Are you pregnant? Yes / No If yes, how far along are you? \_\_\_\_\_ and has your doctor  
cleared you for exercise? Yes / No

Are you taking any medications? Yes / No Please list them: \_\_\_\_\_

Do you have any medical conditions, including physical disabilities or injuries, that may affect your  
ability to do physical activity? Yes / No

If yes, please  
list \_\_\_\_\_

If yes, are you under the care of a medical professional? Yes / No If yes, what is their name?  
\_\_\_\_\_

Do you currently engage in any regular physical activity (dance, yoga, Aerobics TM, running, sports,  
etc.)? Yes / No Please list  
\_\_\_\_\_  
\_\_\_\_\_

Have you done any weight lifting or resistance exercise before? Yes / No Are you working with  
anyone currently or in a program now? \_\_\_\_\_

Has anything made it difficult for you to participate in regular exercise or activity that may concern you  
now? \_\_\_\_\_  
\_\_\_\_\_

We offer high intensity training (also known as HIT) in a carefully managed, private environment to build lean muscle mass and increase strength which has numerous benefits across a broad spectrum of health and aesthetic concerns. In your consultation the instructor will give you more information about strength training with us as they review your current physical condition and priorities for the future. The following section is an opportunity for you to examine your ideas about exercise and any goals you may have.

Do you have any appearance related goals? (check all that apply)

- Fat loss
  - Weight loss
  - Weight gain
  - Better posture
  - "Toning"
  - other \_\_\_\_\_
- 

Do you have any goals regarding functional ability? (check all that apply)

- Move without pain
  - Increased flexibility
  - Increased mobility
  - Reducing effort of daily chores
  - Improved joint stability
  - Better endurance for daily living
  - Other \_\_\_\_\_
- 

Do you have any goals relating to athletic achievement or ability to participate in activities? (check all that apply)

- Improved strength
  - Improved endurance
  - Better injury resistance
  - Improved coordination
  - Improved speed
  - Other \_\_\_\_\_
- 

***While exercise is recommended for many medical conditions, we are not doctors and we cannot diagnose or treat any condition you may have, however being aware of your health goals can allow us to be as effective as we can in helping you reach your goals.***

Do you have any mental health goals? (check all that apply)

- Stress reduction
  - Improved sexual function
  - Managing depression
  - Improved sleep
  - Improved focus
  - Increased energy
  - Other \_\_\_\_\_
-

Do you have any goals associated with a medical condition? (check all that apply)

- Increased bone density
  - Improved cholesterol (higher HDL)
  - Preparation for surgery
  - Recovery from surgery
  - Reduction of symptoms if applicable
  - Improved BMR
  - Blood sugar management
  - Combating sarcopaenia
  - Managing osteoporosis
  - Improving circulatory issues
  - Complementing chiropractic treatment
  - Other \_\_\_\_\_
- 

What has been rewarding for you when you've engaged in physical exertion whether climbing a staircase or playing a sport? \_\_\_\_\_

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If you've worked with a personal trainer before what did you like and/or dislike about it? \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_