



# Personal Training

## Client Intake Form

### Contact Information

Client First Name & Last Initial: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Lifestyle & Fitness Background

Occupation: \_\_\_\_\_  Full-time  Part-time  N/A

Which best describes the level of physical activity required in your job:

- N/A
- Mostly sitting (e.g. desk work, computer work)
- Some standing/walking (e.g. teaching, retail, light movement)
- Moderate physical activity (e.g. moving/lifting light objects, walking frequently)
- Heavy physical activity (e.g. manual labour, lifting heavy loads, physically demanding tasks)

Do you currently exercise?  Yes  No

If yes, what type and how often? \_\_\_\_\_

\_\_\_\_\_

Have you worked with a personal trainer before?  Yes  No

Average daily activity level:

- Sedentary (little movement)
- Lightly Active (1-2x/week)
- Moderately Active (3-4x/week)
- Very Active (5+ days/week)

What are your goals for personal training? (*check all that apply*)

- Weight reduction
- Muscle gain
- Strength improvement
- Increase cardiovascular fitness
- Improve flexibility/mobility
- Improve sports performance
- Rehabilitation
- Stress relief / mental well-being
- Add variety to workouts
- Improve exercise technique

## Health History

Do you currently have any injuries or conditions that may affect your ability to exercise or perform certain exercises? If yes, please describe. \_\_\_\_\_

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## Additional Information/Requests

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Cancellations, Late Arrivals, and Missed Appointments

Cancellations less than 24 hours before the scheduled appointment will not be refunded. Cancellations more than 24 hours before the scheduled appointment will be refunded minus a 10% administration fee.

Clients who arrive less than 10 minutes late will have their appointment length reduced by the amount of time missed and will end as originally scheduled.

Clients who arrive 10 minutes or more after the start time of their appointment will forfeit the appointment and it will not be rescheduled or refunded.

### Office Use Only:

CSEP Questionnaire responses reviewed:  Yes  No

Date Intake Form Received: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Comments/Notes:

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*Personal information is collected for the purpose of responding to your request. The City of Vernon is collecting information under section 26(c) of the Freedom of Information and Protection of Privacy Act (British Columbia). Should you have any questions about the collection of this personal information, please contact the Recreation Programmer, Health & Wellness at 250-550-3672 or [activeliving@vernon.ca](mailto:activeliving@vernon.ca).*