Client intake form

Please fill this in before we start. Your answers are used to plan your training and nutrition, and only your coach sees them.

1. Personal details

Full name

Date of birth

Phone and email

Height and current weight

Occupation and working hours

2. Goals

What is your main goal?

☐ Lose fat ☐ Build muscle ☐ Get stronger ☐ Sports performance ☐ Health and habits ☐ Other

Why now? What made you decide to start?

By when would you like to see a change?

How will you know you got there? (a clothes size, a lift, a photo, a blood test…)

What have you tried before, and what did not work?

3. Health

If you answer “Yes” to any question in this section, check with your doctor before you start or increase physical activity, and tell your coach.

Has a doctor ever told you that you have a heart condition or high blood pressure?

☐ Yes ☐ No If yes, please explain:

Do you feel chest pain at rest, during daily activities or when you exercise?

☐ Yes ☐ No If yes, please explain:

Have you felt dizzy or lost consciousness in the last 12 months?

☐ Yes ☐ No If yes, please explain:

Do you have a diagnosed chronic condition (diabetes, asthma, thyroid problems or other)?

☐ Yes ☐ No If yes, please explain:

Do you take any regular medication?

☐ Yes ☐ No If yes, please explain:

Do you have, or have you had, injuries, surgery or pain in your joints, back or muscles?

☐ Yes ☐ No If yes, please explain:

Are you pregnant, or have you given birth in the last 12 months?

☐ Yes ☐ No If yes, please explain:

Has a doctor told you to only do physical activity under medical supervision?

☐ Yes ☐ No If yes, please explain:

4. Training

Strength training experience

☐ None ☐ Under 1 year ☐ 1 to 3 years ☐ Over 3 years

How many days a week can you train, and for how long each day?

Where will you train?

☐ Gym ☐ Home ☐ Outdoors ☐ Other

If you train at home, what equipment do you have?

Exercises you enjoy, and exercises you cannot or will not do

Other sports or activities you do

How active is your day?

☐ Mostly sitting ☐ Some movement ☐ On my feet a lot ☐ Physical job

5. Nutrition

How many meals do you eat a day, and at what times?

Do you have any food allergies or intolerances?

☐ Yes ☐ No If yes, please explain:

Foods you do not eat (taste, religion, ethics…)

Who cooks at home? How often do you eat out?

How much alcohol do you drink a week?

Do you take supplements? Which ones?

Have you followed a diet before? How did it go?

6. Sleep and habits

How many hours do you sleep on average?

Your usual stress level

☐ Low ☐ Medium ☐ High

Approximate daily steps (if you know)

How much water do you drink a day?

7. Starting measurements

Morning weight, fasted

Waist at the navel

Hips

Progress photos (front, side and back)

☐ I will send them ☐ I prefer not to

8. Check-ins

Which day of the week suits you best for your check-in?

How do you prefer to be contacted?

☐ App ☐ WhatsApp ☐ Email ☐ Phone call

Anything else I should know?

9. Consent

☐ I confirm that the information in this form is true, and I will tell my coach if my health changes.

☐ I give my explicit consent for my coach to process my health data for the sole purpose of planning and supervising my training and nutrition. I can withdraw it at any time.

Signature: _____ Date: _____