Client Intake Questionnaire

Welcome!
Thank you for taking the time to complete this form. The information you provide will help me understand your fitness, nutrition, and wellness needs and tailor a program that aligns with your goals, preferences, and lifestyle. Let’s get started! As a coach, it's important for me to understand how you view the world in general and yourself in particular. Each person has a unique way of thinking and a unique way of interacting with those around him or her.
Answer each of these questions as clearly and thoughtfully as possible, expressing the best of who you are. These are "pondering" questions designed to stimulate your thinking in a particular way that will make our work together even more productive. I suggest that you take several days to compose your responses to these questions. Thank you.

Name: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Occupation (optional): _____
Preferred Contact Method: _____
Emergency Contact Name & Phone: _____

Physical Activity Readiness Questionnaire (PAR-Q)

1. Has your doctor ever said that you have a heart condition or should only do physical activity recommended by a doctor?
   _____
2. Do you feel pain in your chest when you do physical activity?
   _____
3. In the past month, have you had chest pain when not performing physical activity?
   _____
4. Do you lose balance because of dizziness or have you ever lost consciousness?
   _____
5. Do you have a bone or joint problem that could be made worse by physical activity?
   _____
6. Is your doctor currently prescribing medication for blood pressure or a heart condition?
   _____
7. Do you know of any other reason why you should not do physical activity?
   _____

If you answered 'Yes' to any of the above, please provide additional details:

Health and Fitness History

Client Intake Questionnaire

1. Current Health Status: (Any chronic conditions, injuries, or surgeries?)

   _____

2. Are you currently under the care of a physician, physical therapist, or other health professional? If yes, please specify:

   _____

3. Current medications or supplements:

   _____

4. Do you currently exercise? If yes, describe your routine: If no, when was the last time you exercised regularly?

   _____

5. What types of physical activity have you done in the past?

   _____

6. Do you have any dislikes or discomfort regarding certain exercises?

   _____

Lifestyle and Preferences

1. How many hours of sleep do you get on average?

   _____

2. How would you rate your stress level (1 = Low, 10 = High)?

   _____

3. What activities help you relax or de-stress?

   _____

4. How active is your job or daily routine? (Sedentary, Moderate, Active)

   _____

5. Preferred time to work out? (Morning, Afternoon, Evening)

   _____

Client Intake Questionnaire

6. What types of activities do you enjoy? (e.g., walking, running, yoga, swimming)

_____

Nutrition Profile

1. Do you follow any specific dietary preferences or restrictions? (e.g., vegetarian, gluten-free)

_____

2. How often do you cook at home?

_____

3. How many meals and snacks do you typically eat per day?

_____

4. Favorite foods (List as many as you like):

- Breakfast:

_____

- Lunch:

_____

- Dinner:

_____

- Dessert:

_____

- Snacks:

_____

- Fruits:

_____

- Vegetables:

_____

5. Are there any foods you dislike or avoid?

_____

6. Do you have any food allergies or intolerances?

_____

Client Intake Questionnaire

Goal Setting

Short-Term Goals (Next 13 months):

1. _____

2. _____

3. _____

Long-Term Goals (6 months1 year and beyond):

1. _____

2. _____

3. _____

Mindfulness and Wellness

1. Do you practice any form of mindfulness or meditation?
   _____

2. Would you like to incorporate mindfulness or mental wellness strategies into your program?
   _____

3. How important is maintaining a balance between physical and mental wellness to you?
   _____

Additional Information

1. What do you want to make sure you get from this coaching relationship? (write down 2 or 3 things that occur to you)
   _____

2. What are the main goals you want to work on?
   _____

3. What can I say to you when you are most "stuck" that will return you to action?
   _____

4. What 2 thoughts have you chained down and are unable to achieve your goals?

Client Intake Questionnaire

_____

5. Write down 2-3 things that are really working well for you right now.

_____

6. What do you do when you feel pressure, anxiety, or stress?

_____

7. Is there anything else you want me to know about you?

_____

8. What motivates you to pursue fitness and nutrition goals?

_____

9. Do you have any specific concerns or challenges you want to address?

_____

Acknowledgment
By signing below, I acknowledge that all information provided is accurate to the best of my knowledge.
I understand that this program is not a substitute for medical advice, diagnosis, or treatment.

Signature:

_____

Date:

_____