Personal trainer client intake form

A personal trainer client intake form should cover eight groups: goals, training history, schedule and equipment, pain and injury, medical flags, lifestyle, preferences, and consent. Keep a question only if its answer changes an exercise, a dose, or a decision to refer. Then triage the form: green to start, amber to modify and note, red for clearance first.

Goals and training history questions, with the decision each one feeds.

Ask the client	Why you ask	What the answer changes
In one sentence, what do you want to be able to do in 12 weeks, and by when?	A goal in the client's own words gives you a measure and a deadline	Sets the priority lifts and first measure. 'Carry shopping up three flights' puts carries and step-ups on the card
How long have you trained on and off, and what did you do?	What the training was says more than how many years it lasted	Under six months of consistent lifting: full-body sessions. Six months or more: choose a split
What have you done in the last four weeks, and how many sessions a week are you doing now?	Recent activity, not history, sets the starting dose	Training 0-2 times a week: start at 2 sets per exercise. Training 3 or more times a week: 2-3 sets. Both are starting points to adjust

Schedule and equipment questions, with the decision each one feeds.

Ask the client	Why you ask	What the answer changes
Which days can you train in a normal week, and which in a bad one?	The plan has to survive the bad week	Sets the minimum plan. Two reliable days gets a two-day full-body plan, and a third day is a bonus session
How long can you give each session, including the warm-up?	Session length caps the number of exercises	A rough guide at 2-3 sets, after a 5-minute warm-up: 30 minutes holds three or four exercises, 45 minutes five or six. Rest times move it
Where will you train, and what is there: barbell, dumbbells (up to what weight), cables, machines, bands, a bike?	Exercise choice depends on what is in reach	No cable stack: a chest-supported dumbbell row replaces the cable row. Dumbbells only: use the dumbbell only workout program

Injury and pain questions, with the decision each one feeds.

Ask the client	Why you ask	What the answer changes
Where do you have pain or discomfort now, and since when?	Location and timing separate an old problem from a new one	A problem that began after a fall or impact is red: do not load the area until a professional has assessed it. Any new problem is at least amber
What brings it on, and what eases it?	Provoking movements tell you what to leave out	Write each provoking movement on the program as 'not yet' and train around it
How bad is it right now, from 0 to 10, and is it the same familiar pain you usually get?	The score and whether it is familiar drive the pain bands	Maps straight onto the green, amber, and red bands in the triage section below

Educational template for qualified coaches. It does not diagnose or treat pain.

Ask the client	Why you ask	What the answer changes
Does it stop you doing anything, such as squatting to a chair, reaching overhead, or climbing stairs?	A limited movement is a programming constraint even at a low score	Choose a range or variation the client can do without symptoms, and write the limit on the program
Has a doctor or physio given you limits, or told you to avoid anything?	Written limits can be programmed against. 'Be careful' cannot	Ask for the limits in writing. Without them, do not load the area
Have you had numbness, tingling, or new weakness in the last few weeks?	These are signs a coach does not interpret	Stop loading that limb or region and refer

Medical and clearance questions, with the decision each one feeds.

Ask the client	Why you ask	What the answer changes
Please complete the PAR-Q+ (or our pre-exercise screen). Did you answer yes to any question?	A standard screen, with its own instructions for any yes	Any yes on a clearance question: no loading until written clearance. Book the session as a conversation and a walkthrough
Have you had chest pain or pressure, fainting, or severe breathlessness, at rest or with activity?	These are the emergency signs	Any yes: no loading until written clearance from a doctor. If it happens in a session, call emergency services
Have you had dizziness, fever, unexplained weight loss, or tiredness lasting two weeks or more?	These are the other signs that need a doctor first	Any yes: stop loading and refer to a doctor

Lifestyle, preference, and consent questions, with the decision each one feeds.

Ask the client	Why you ask	What the answer changes
How many hours do you sleep on a normal night, and how is your energy through the day?	Poor sleep limits recovery from training	Short or broken sleep: start at 2 sets at RPE 5-6 and add volume later. Pair it with check-ins from the low readiness guide
Which kinds of training do you enjoy, and which have you quit or dislike?	Adherence beats a perfect exercise list	A disliked exercise comes off the card if a similar one does the same job
Do you agree to me keeping these answers to plan your training, and who else should be able to see them?	Consent covers what you collect and why	Record a dated yes. If the client holds something back, record only what they share and what you need to train safely

The pain score on the form, mapped to a status and an action.

Pain on the form	Status	Action
Pain 0-2/10 and familiar	Green	Continue and monitor.
Pain 3-5/10	Amber	Reduce load or range first, then adjust the setup, then change the exercise.
Pain 6-7/10	Amber	Stop the movement that provokes it and choose a conservative alternative.
Pain above 7/10, or sharp, worsening, radiating, or unfamiliar pain	Red	Stop loading and refer to a qualified professional.

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What each status means for the first session.

Status	What the form shows	What you do
Green	No yes on the screen, and pain 0-2/10 and familiar or none	Start. Run session one as planned and note the pain score
Amber	Pain 3-7/10, a movement the client cannot do without symptoms, or a clinician's written limits	Modify and note. Write each limit on the program, leave out provoking movements, and recheck the score each session
Red	Any yes on a clearance question, pain above 7/10, sharp, worsening, radiating, or unfamiliar pain, pain after a fall or at night or at rest, or numbness, tingling, or new weakness	Clearance first. No loading of the area, or at all for a screen yes, until you hold written clearance or limits

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