

Fitness with Thor

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Client Intake Form

Welcome to Fitness with Thor! I'm excited to guide you on your path to unleashing your inner strength and achieving your health and fitness goals. Please take a moment to fill out this intake form so I can better understand your needs and create a personalized training plan for you.

Client Information:

- Name: _____
- Age: _____
- Email: _____
- Phone Number: _____

Fitness Goals: Please describe your primary fitness goals, including any specific milestones you hope to achieve (e.g., weight loss, muscle gain, improved health, etc.):

Fitness Level: On a scale of 1 to 10, please rate your current fitness level:

- 1: Sedentary lifestyle, little to no exercise experience.
- 5: Moderate fitness level, exercise occasionally.
- 10: Advanced fitness level, exercise regularly and consistently.

Fitness Level: _____

Dedication to Goals: On a scale of 1 to 10, please rate your dedication to achieving your fitness goals:

- 1: Not committed at all, just exploring options.
- 5: Somewhat committed, willing to make changes but unsure of dedication.
- 10: Fully committed, ready to make significant lifestyle changes to achieve goals.

Dedication Level: _____

Weekly Commitment: My training programs typically require a commitment of at least 3 days a week (e.g., one day with me, two days on your own). Are you willing and able to commit to this schedule? [] Yes [] No

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If no, please briefly explain, and I'll do my best to work around it:

Preferred Training Days and Times: Please indicate your preferred training days and times:

Nutrition: Are you open to discussing and potentially making changes to your nutrition habits to support your fitness journey? [] Yes [] No

Medical History: Have you received medical clearance from your doctor to participate in physical activity? [] Yes [] No

Please list any pre-existing medical conditions, injuries, or medications that may affect your ability to exercise safely:

Training Preferences: What training styles do you prefer (e.g., high-intensity, low-impact, outdoor, etc.), and are there any specific exercises you enjoy or dislike?

Additional Information: Is there anything else you would like me to know about your fitness journey, medical history, or any specific challenges you may face?

Liability Waiver: I understand that participating in physical activity involves inherent risks, and I agree to hold Fitness with Thor harmless for any injuries that may occur during training.

Client Initials: _____

Privacy Statement: Your personal information will be kept confidential and used only for the purpose of providing personalized training services.

Declaration: I hereby declare that all information provided in this form is accurate to the best of my knowledge.

Client Signature: _____ **Date:** _____

Thank you for taking the time to complete this form. I look forward to helping you unleash your inner strength and achieve your health and fitness goals!