

# Client Intake Form

## Personal Training

**What are a few of the main concerns you have regarding your nutritional health and body currently?**

**Please share what a day in your life looks like in terms of what you eat, drink, exercise, work and sleep schedule.** *(This gives us a way to walk in your shoes and understand how your day impacts your life and health.)*

**What medications do you currently take?**

**What vitamins, minerals, and/or supplements do you currently take?**

**Do you smoke?**

**What injuries, surgeries or health conditions have you had or do you have that impact your life currently?**

**Do you have any food, supplement or environmental allergies?**

**On a scale of 1-10, 1 being the lowest measure, how healthy & energetic do you feel?**

**What foods do you love?**

**What foods do you hate?**

**What exercises do you love to do?**

**What exercises do you hate to do?**

**Name 1-3 changes that you know you need to make in your health:**

**What holds you back or sabotages you from making those changes?**

**How does your mental and emotional health support or sabotage you?**

**How do your family & friends impact your health goals & longevity of them?**

**What programs have you tried before? Did they work for you? How or how not?**

**Are you ready to make your health a priority now?**

**What do you envision when you think of yourself as healthy, well and energetic? What does that look and feel like for you?**

**How can we best support you?**

**Revitalize Bodywork**  
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