ADULT COACHING CLIENT INTAKE FORM

Coach Thad | Redefined Gym Adult Coaching

Please answer each question as accurately as possible. Your responses help create a training plan that fits your goals, schedule, experience, available equipment, and exercise readiness.

CLIENT INFORMATION

Full Name

Date of Birth

Age

Phone Number

Email Address

Occupation

Height

Current Weight

Preferred Method of Contact

☐ Text ☐ Phone ☐ Email ☐ Other

YOUR FITNESS GOALS

What is your #1 fitness goal right now?

☐ Lose body fat ☐ Lose weight ☐ Build muscle ☐ Build glutes ☐ Increase strength ☐ Improve endurance
☐ Improve athletic performance ☐ Improve mobility/flexibility ☐ Improve overall health and fitness
☐ Get back into a consistent workout routine ☐ Other

If you have a target weight, what is it?

What areas of your body would you most like to improve?

What would you like to accomplish within the next 3 months?

What would you like to accomplish within the next 12 months?

Why are these goals important to you?

On a scale of 1-10, how committed are you to reaching these goals?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

TRAINING EXPERIENCE

How would you describe your current fitness level?

☐ Beginner ☐ Beginner/Intermediate ☐ Intermediate ☐ Advanced ☐ Returning after a long break

How long have you been exercising consistently?

☐ I currently do not exercise consistently ☐ Less than 3 months ☐ 3-6 months ☐ 6-12 months ☐ 1-3 years

☐ More than 3 years

What does your current workout routine look like?

Have you worked with a personal trainer or coach before?

☐ Yes ☐ No

If yes, describe your experience.

What types of exercise have you done before?

☐ Weight training ☐ Bodyweight training ☐ Running ☐ Walking ☐ Cycling ☐ Group fitness ☐ Sports

☐ Cross-training ☐ HIIT ☐ Yoga/Pilates ☐ Other

What exercises do you enjoy?

Are there any exercises you dislike?

Are there any exercises you currently cannot perform comfortably?

☐ Yes ☐ No

If yes, please explain.

TRAINING SCHEDULE

How many days per week can you realistically commit to training?

☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days

Which days are normally best for you?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

How much time can you realistically dedicate to each workout?

☐ 20-30 minutes ☐ 30-45 minutes ☐ 45-60 minutes ☐ 60-75 minutes ☐ 75+ minutes

Where will you primarily train?

☐ Commercial gym ☐ Home gym ☐ At home with limited equipment ☐ Outdoors ☐ Combination

What equipment do you have access to?

☐ Barbells ☐ Dumbbells ☐ Kettlebells ☐ Resistance bands ☐ Cable machines ☐ Smith machine
☐ Squat rack ☐ Leg press ☐ Leg extension ☐ Leg curl ☐ Cardio equipment ☐ Bench ☐ Pull-up bar
☐ Medicine balls ☐ No equipment ☐ Other

Are there certain days or times when training is especially difficult because of work, family, school, or other responsibilities?

HEALTH & EXERCISE READINESS

Has a medical professional ever told you that you have a condition that may affect exercise?

☐ Yes ☐ No

If yes, please explain.

Do you currently have any injuries, pain, or physical limitations?

☐ Yes ☐ No

If yes, please explain.

Have you had any previous injuries or surgeries that may affect your training?

☐ Yes ☐ No

If yes, please describe.

Do you experience chest pain during physical activity?

☐ Yes ☐ No

Do you experience unexplained dizziness, fainting, or unusual shortness of breath during physical activity?

☐ Yes ☐ No

Has a physician or other healthcare professional placed any restrictions on your physical activity?

☐ Yes ☐ No

If yes, please explain.

Are you currently taking any medications that may affect your ability to exercise safely?

☐ Yes ☐ No ☐ Unsure

If yes and you feel it is relevant to your training, please explain.

Is there anything else regarding your health or physical condition that your coach should know before creating your exercise program?

DAILY ACTIVITY & LIFESTYLE

How would you describe your daily activity level outside of exercise?

☐ Mostly sedentary ☐ Lightly active ☐ Moderately active ☐ Very active ☐ Extremely active/physical job

Approximately how many hours do you spend sitting each day?

How many hours of sleep do you normally get each night?

☐ Less than 5 hours ☐ 5-6 hours ☐ 6-7 hours ☐ 7-8 hours ☐ 8+ hours

How would you rate your current sleep quality?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How would you rate your current stress level?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What are the biggest demands on your time right now?

☐ Work ☐ Children/family ☐ School ☐ Travel ☐ Caregiving ☐ Multiple jobs ☐ Other

NUTRITION & HABITS

How would you describe your current eating habits?

☐ Very inconsistent ☐ Somewhat inconsistent ☐ Average ☐ Mostly consistent ☐ Very consistent

How many meals do you normally eat each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

Approximately how much water do you drink each day?

How often do you eat restaurant or fast food meals?

☐ Rarely ☐ 1-2 times per week ☐ 3-4 times per week ☐ 5+ times per week

Do you currently track your food intake?

☐ Yes ☐ No ☐ Sometimes

If yes, what method or app do you use?

What do you believe is your biggest nutrition challenge?

☐ Portion control ☐ Eating enough protein ☐ Snacking ☐ Sugary drinks ☐ Fast food ☐ Weekend eating
☐ Late-night eating ☐ Meal preparation ☐ Consistency ☐ Emotional/stress eating ☐ Not knowing what to eat
☐ Other

Are there foods you do not eat because of preference, allergy, intolerance, religious practice, or another reason?

☐ Yes ☐ No

If yes, please explain.

PREVIOUS ATTEMPTS

Have you attempted to reach this fitness goal before?

☐ Yes ☐ No

If yes, what did you try?

What worked well for you in the past?

What did not work?

What usually causes you to stop exercising or lose consistency?

☐ Lack of motivation ☐ Lack of time ☐ Work schedule ☐ Family responsibilities ☐ Injury/pain
☐ Not seeing results quickly enough ☐ Not knowing what to do ☐ Gym intimidation ☐ Nutrition struggles
☐ Stress ☐ Travel ☐ Lack of accountability ☐ Other

What do you believe has been the biggest thing keeping you from reaching your goal?

ACCOUNTABILITY & COACHING

What type of coaching helps you most?

☐ Encouragement and motivation ☐ Direct accountability ☐ Detailed explanations ☐ Clear instructions

☐ Frequent communication ☐ Goal setting ☐ Tracking numbers and progress ☐ A combination of these

How often would you prefer communication from your coach?

☐ Several times per week ☐ Weekly ☐ Mainly during weekly check-ins ☐ As needed

What day would you prefer to complete your weekly check-in?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

What is the best way for Coach Thad to hold you accountable?

When you are struggling with motivation, what type of support works best for you?

Is there anything you DO NOT want from your coach?

YOUR MOTIVATION

Finish this sentence: I want to change because...

What would reaching your fitness goal allow you to do, feel, or experience that you cannot currently do?

What happens if nothing changes over the next 12 months?

What would success look like to you?

ADDITIONAL INFORMATION

Is there anything else you would like Coach Thad to know about you, your schedule, your goals, or your situation?

CLIENT ACKNOWLEDGMENT

I understand that participation in physical exercise involves inherent risks. I understand that the information I have provided will be used to help design my fitness program and that I am responsible for providing accurate information regarding my health, injuries, limitations, and exercise readiness. I understand that fitness coaching and general nutrition education provided through Redefined Gym are not substitutes for medical diagnosis, treatment, physical therapy, or individualized medical nutrition therapy. I agree to inform my coach if my health status, injuries, medications, restrictions, or ability to exercise changes during my coaching program.

Client Name

Client Signature (type full name)

Date

FOR COACH USE ONLY

Primary Goal

Training Frequency

Program Type

Primary Areas of Focus

Limitations/Modifications

Starting Weight

Initial Measurements

Weekly Check-In Day

Program Start Date

Next Program Review

COACH NOTES