

# *Centsible Fitness & Wellness, LLC*

## **Intake Form for All Clients**

### **FITNESS PORTION**

1. Please select your age group:

18-24 years

25-34 years

35-44 years

45-54 years

55-64 years

65-74 years

75 years and older

2. Please select your gender

male

female

prefer not to answer

3. What are your goals for a fitness plan? (check all that apply)

fat loss

muscular strength & power

muscular endurance

muscular hypertrophy

body recomposition

flexibility/mobility

cardiovascular endurance

improved activities of daily living

other

# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

4. How often do you exercise?

- never
- 3 or less times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- everyday

5. Your exercise history. (Check all that apply)

- played sports or did other form of exercise in HS/college and continue being active
- played sports or did other form of exercise in HS/college but have not been active since
- I was active previously but have not done much exercise in a year or more
- began exercising after finishing school and have continued being active
- I'm what you'd call a "sporathlete". I go through phases of sporadic exercise then stop for awhile
- I'm a newbie to exercise
- I have never done any formal exercise regimen
- Other

6. What is your current level of exercise?

- none (sedentary)
- light (i.e. walking, gardening)
- moderate (i.e. fast walking, moderate weight lifting, hatha yoga)
- high (i.e. do HIIT, lift heavy weights, endurance running)
- very high (play competitive sports or training for a competition)
- add specifics here

# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

7. On average, how long do your exercise sessions last?

- 30 mins or less
- 30-60 mins
- 60-90 mins
- longer than 90 mins

8. What type of training do you prefer? (check all that apply)

- strength training (weight lifting and body weight exercises)
- cardiovascular endurance (i.e. distance running or cycling)
- high impact metabolic conditioning (i.e. HIIT, Tabata, circuit training)
- low impact metabolic conditioning (i.e. LIIT, swimming, speed walking)
- yoga

Type of yoga

9. Where/how do you plan to train?

- gym
- home (online with app)
- virtual

10. Please tell me what fitness equipment you have access to (including gym and home).

Check all that apply

- treadmill
- stair climber
- elliptical
- bike
  - stationary
  - road

barbell and plates

Weight of barbell

Weight of plates

dumbbells

# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

Weight of dumbbells

kettlebells

Weight of kettlebells

resistance bands

Type of resistance bands

pull up bar

med balls

Weights and sizes

stability balls

small     medium     large

bosu

adjustable step

rectangular platform     square platform

box jump platform

weight bench

multi exercise home gym system

sliders

TRX

Other

11. Do you have any musculoskeletal injuries/surgeries or joint restrictions that would impact your programming? Check all that apply

foot                       right                       left                      Issue

ankle                       right                       left                      Issue

shin                       right                       left                      Issue

knee                       right                       left                      Issue

thigh                       right                       left                      Issue

pelvis                       right                       left                      Issue

spine  lumbar     thoracic     cervical    Issue

# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

- |                                       |                                |                               |       |
|---------------------------------------|--------------------------------|-------------------------------|-------|
| <input type="checkbox"/> ribs         | <input type="checkbox"/> right | <input type="checkbox"/> left | Issue |
| <input type="checkbox"/> scapulae     | <input type="checkbox"/> right | <input type="checkbox"/> left | Issue |
| <input type="checkbox"/> rotator cuff | <input type="checkbox"/> right | <input type="checkbox"/> left | Issue |
| <input type="checkbox"/> upper arm    | <input type="checkbox"/> right | <input type="checkbox"/> left | Issue |
| <input type="checkbox"/> elbow        | <input type="checkbox"/> right | <input type="checkbox"/> left | Issue |
| <input type="checkbox"/> forearm      | <input type="checkbox"/> right | <input type="checkbox"/> left | Issue |
| <input type="checkbox"/> wrist        | <input type="checkbox"/> right | <input type="checkbox"/> left | Issue |
| <input type="checkbox"/> hand         | <input type="checkbox"/> right | <input type="checkbox"/> left | Issue |
| <input type="checkbox"/> head         |                                |                               | Issue |

12. Do you have any health issues that would impact your programming?

- autoimmune disease

Type

How does it impact exercise?

- recent cancer diagnosis, surgery, or treatment

Body part

Type of cancer

When diagnosed

Ongoing treatment

In remission

How does it impact exercise?

- chronic health conditions (i.e. type 2 diabetes, osteoporosis, arthritis, etc.)

Type

How does it affect your exercise?

- Other

How does it affect your exercise?

13. Please add any additional info here that would be helpful when programming your training

# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

### **MOBILITY/FLEXIBILITY/YOGA PORTION**

14. Do you warm up before and/or cool down after exercise?

- I warm up but don't cool down
- I cool down but don't warm up
- I do both a warm up and a cool down
- I don't do either

15. What do you do to warm up/cool down

- nothing
- a few stretches
- light cardio to warm up and stretches to cool down
- a little of this, a little of that. Don't really follow a plan
- a few yoga poses to work out the tightness

16. How often do you perform mobility/flexibility or yoga?

- never
- less than 3 times per month
- once a week
- 2-3 times per week
- 4 or more times per week
- before/after I exercise

17. How flexible/mobile do you consider yourself?

- not flexible at all. I can't touch my fingertips to my toes without bending my knees
- somewhat flexible. I can get within 1 inch of my toes without bending them
- average. I can touch my fingertips to my toes without bending my knees
- above average. I can place the palms of my hands on the floor without bending my knees.
- I'm Gumby damn it! I can drape my torso on my thighs without bending my knees

18. How often do you practice yoga?

- never

# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

- once a week
- 2-3 times per week
- 4-5 times per week
- 5-6 times per week
- every blessed day!!

Types of yoga you enjoy

19. Please let me know if you would be interested in customized 5-10 minute yoga flows to help release tight muscles.

- yes
- no thanks

### **NUTRITION PORTION**

20. How much weight would you like to lose per week?

- none. I am happy with my current weight
- ½ pound
- 1 pound
- 1 ½ pounds
- 2 pounds

21. Your current height and weight (only if you are interested in fat loss)

height

weight

22. Which of the following diets have you tried? (check all that apply)

- Jenny Craig
- NutriSystem
- Weight Watchers
- South Beach
- Keto
- Paleo

# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

- Vegan
- Vegetarian
- Medifast
- Noom
- Mayo Clinic
- BistroMD
- Other

Please tell me what worked and what didn't work for you on these diets

23. Which approach to dieting would you most likely adhere to?

- I like a fixed plan where I don't have to think, plan, measure, or track
- I like a more flexible plan but I like accountability built in like tracking
- I like focusing on fats and proteins and eliminating processed carbs
- I like a lot of flexibility. I don't want to eliminate anything. Just cut calories
- I have no idea, as I've always found it very hard to stick to a diet

24. Which of the following are likely to prompt you to begin a diet? (check all that apply)

- Holiday/Vacation weight gain
- New romantic relationship
- Ending a romantic relationship
- wedding
- athletic/fitness goals
- New Year's Resolution
- Childbirth
- swimsuit season
- doctor's advice
- advertisements, magazines, models
- standing on scale/appearance in mirror

25. What is the longest you have ever stuck to a diet?



# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

- one week or less
- one month or less
- 1-2 months
- 2-4 months
- 5-7 months
- 8-11 months
- 1 year or more

Which diet did you find the most success with?

26. Do you avoid any of the following foods?

- gluten
- dairy
- nuts
- shellfish
- fish
- red meat
- all meat
- all animal products
- eggs
- processed carbohydrates
- other

27. Do you have any food allergies?

28. How many times a day do you eat (including snacks)?

- 1-3
- 3-5
- 5-6
- 6+

# *Centsible Fitness & Wellness, LTD.*

## **Intake Form for All Clients**

29. Do you have any social support when dieting?

yes

nope. I'm all on my own!

30. How much weight would you like to lose?

1-10 pounds

11-20 pounds

21-30 pounds

31-40 pounds

41-50 pounds

50+ pounds

31. What is your timeframe for attaining your goal weight?

one month or less

1-2 months

3-4 months

5-6 months

7-8 months

9-10 months

11-12 months

a year or more

31. Please use this space to tell me anything else that would help me get to know you better (i.e. hobbies, employment, kids, schedules, etc.)

Thank you for taking the time to fill out this intake form. The more detailed info you give me, the better I can help you attain your health and fitness goals! I look forward to working together and achieving great things!!!