



Personal Health and Fitness Consulting with Coach Rylan

New Client Intake Application

PLEASE COMPLETE IN FULL - PLEASE PRINT CLEARLY IN DARK INK

PLEASE FAX OR EMAIL COMPLETED FORM TO:

778-475-4496 - info@adonisfitness.ca

(all information is kept strictly confidential)

Name: _____

Date of Birth: _____

Age: _____

Height: _____

Weight: _____

Phone: (home) _____

(cell) _____

Email: _____

Mailing Address: _____

Have you seen a fitness professional before (Kinesiologist/Personal Trainer/other)?

Yes ___ No ___

How did you find out about Adonis Fitness? (If you were referred by someone, please indicate who): _____

Please list (in order of importance) your top 3 fitness goals:

1 _____

2 _____

3 _____

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Lifestyle Questionnaire

What is your occupation?: _____

How many hours per day do you spend doing very physical activity (i.e. physical labor, strenuous housework etc - exercise NOT included)?: _____

How many hours per week do you currently spend exercising:?: _____

What do you see as your greatest obstacles in achieving your health and fitness goals?

What is it about **OUR** services that has interested you? _____

What are the reasons that you have decided to seek professional help with your fitness goals? _____

Are you currently working with any other health/fitness professionals i.e. massage therapist, chiropractor etc? If so, please list: _____

Do you have any physical injuries, disabilities, or other areas of concern? Please List:

Please list any prescription medications that you currently take: _____

Please rate your level of motivation and commitment to achieving your health and fitness goals on a scale of 1-10 (1 being completely unmotivated, and 10 being the most important thing in your life): _____

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Please list the 3 biggest nutritional/dietary concerns or questions that you currently face:

1 _____
2 _____
3 _____

Please list any dietary supplements that you currently take: _____

Please list all exercise equipment that you currently have in your home (i.e. free weights, exercise bench, exercise ball, universal gym, treadmill etc - if possible, please attach photos of your home gym or available equipment): _____

Would you consider purchasing any additional equipment if you knew it would help you achieve your goals? YES _____ NO _____

How many days per week are you willing to commit to an exercise program? _____

How many minutes per day are you willing to commit to an exercise program? _____

Please check the “exercise history” that BEST describes you below:

___ I hate exercise but I know I need it and I must force myself to do it.

___ I have trouble sticking to any exercise program longer than a few weeks.

___ I have trouble motivating myself to exercise, but once I get started, I am able to keep going for about a month before I slip up and lose motivation.

___ I have no problem exercising regularly, but life often gets in the way of my exercise routine and I have trouble keeping any sort of regular schedule with it.

___ I exercise regularly but I have trouble sticking to **any one plan** for longer than a few weeks before I feel the need to change it.

___ I exercise regularly, and I have been able to maintain the same program for longer than 3 months.

___ I exercise regularly, but I have no idea if what I’m doing is right.

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THIS SECTION FOR BRIDES-TO-BE ONLY:

What is the date (or anticipated date) of your wedding?: _____

If you have already selected your dress, please briefly describe the style, i.e. strapless, thin straps, etc. This is to identify specific areas of your body that will need further attention from your training program so you look your absolute best on your wedding day: _____

Please list any specific areas of your body that you feel need special attention, in other words, what are your 'problem areas'?:

Thank you for completing this questionnaire, all information is kept strictly confidential and will not be divulged to anyone, under any circumstances.