

CLIENT INFORMATION

Full Name

Date of Birth

Phone Number

Email

Address

GOALS & EXPECTATIONS

Top 3 Fitness Goals

What motivated you to seek an online coach?

Short-term goal (next 12 weeks)

Long-term goal (6–12 months)

HEALTH & FITNESS HISTORY

Current / past injuries

Medical conditions

Medications

Have you worked with a coach/trainer before? What worked / didn't?

Current Weight



NUTRITION

Do you track calories/macros? Yes No

Dietary restrictions

Foods you enjoy

Foods you dislike / avoid

LIFESTYLE

Occupation

Options: Sedentary, Light, Moderate, Active

Activity Level

Options: 2, 3, 4, 5, 6

Training days per week

Options: Morning, Afternoon, Evening

Preferred workout time

Additional information

LIABILITY WAIVER:

I understand that online coaching involves physical activity and lifestyle guidance. I acknowledge that I am voluntarily participating at my own risk.

Client Signature

Date

