

Online Personal Training

CLIENT INTAKE FORM

Name _____ Date _____
ID no. _____ Emergency contact _____ Phone _____
Phone _____ Age _____

****Please answer the questions below.**

Do you have any allergies? _____

Have you ever been with an online personal trainer before? Yes No

Are you on any medication? Yes No If yes, which ones _____

Do you currently exercise? Yes No If yes, how many times per week? _____ How many hours? _____

****Please mark any of the following conditions you may currently have.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Neck injury | <input type="checkbox"/> Regular Alcohol consumption | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Prone to Infection | <input type="checkbox"/> Prone to Bladder or Kidney infections | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Severe periods (incl. pain) | <input type="checkbox"/> Sports injury | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Frequent Emotional/Hormonal changes | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Chronic pains |
| <input type="checkbox"/> Sinus congestion | <input type="checkbox"/> Bruises easily | <input type="checkbox"/> Blood clots |
| <input type="checkbox"/> PCOS | <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Auto Immune Deficiency |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Acute pain | <input type="checkbox"/> Others, please specify _____ |
| <input type="checkbox"/> On anti-depressants | <input type="checkbox"/> Currently in Grief process | |

I All information and details are confidential and protected by the POPI ACT. No private client information will be shared with any other parties without the clients permission even after the client terminates their contract with Nerobodies.

Signature _____

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What are the short term goals you want to achieve body and lifestyle wise within the next 3 months?

What is your weaknesses when it comes to exercising and training? (motivation, consistency, not knowing how to use equipment, shyness in gym (confidence), etc.

How can I, as a coach, assist you in overcoming these weaknesses? (what works best for you in terms of encouragement, accountability)

Do you see yourself maintaining this lifestyle for years to come? Or do you have a deadline you have set for yourself regarding your exercise journey? (holiday or wedding body, or building healthy habits for a lifestyle)

Signature _____

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How often do you train currently? And for how long?

If so, what is your current workout split? Please include any cardio and abs if you do them.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

How many days a week are you willing to train?

Are you open to doing cardio? (it varies from 10-45min depending on what stage you are in your journey, and of course your goal and schedule, this will be edited as we go)

How often do you weigh yourself? Do you battle with weighing yourself, is it mentally tough on you? If so, why? (Lifestyle and mental health coaching is part of my packages)

What time of the day do you train?

Signature _____

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DISCLAIMER

Disclaimer for Online Personal Training

The information provided through our online personal training services is intended for general informational purposes only and is not a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.

By participating in our online training programs, you acknowledge and agree to the following:

- **Assumption of Risk:** You understand that engaging in physical exercise involves certain inherent risks, and you assume full responsibility for any risks, injuries, or damages, known or unknown, which you might incur as a result of participating in our training sessions.
- **Medical Clearance:** You confirm that you are in good physical health and do not suffer from any condition that would prevent you from safely participating in our training programs. You have consulted with a healthcare provider before starting this or any fitness program.
- **Personal Responsibility:** You understand that it is your responsibility to monitor your own physical condition throughout the training sessions and seek immediate medical attention if you experience any discomfort or pain.
- **No Guarantees:** While we are committed to helping you achieve your fitness goals, individual results may vary. We do not guarantee specific outcomes from our training programs.
- **Content Use:** The content provided during our training sessions, including videos, written materials, and any other resources, is for your personal use only. Unauthorized distribution or reproduction of this content is prohibited.
- **Limitation of Liability:** To the fullest extent permitted by law, we disclaim any liability for any direct, indirect, incidental, or consequential damages arising from your participation in our training programs.

By participating in our online personal training services, you agree to release, waive, discharge, and hold harmless Nerobodies, its employees, and its affiliates from any and all claims, demands, or causes of action arising out of your participation in our training sessions.

Signature _____