



Client Intake Form

Client Name: _____ Employer: _____

Address: _____ City / State / Zip: _____

Date of Birth: ____/____/____ Male Female Height: ____"____ Weight: _____ Marital Status: Single Married

Phone: _____ Email: _____

Emergency Contact Name/Relationship: _____ Emergency Contact Number: _____

*Has your doctor ever told you that you have a: Heart condition Seizure disorder Dizziness or fainting (Syncope) Other: _____

*Do you feel pain in your chest during physical activity or at any other time? Yes No

*Are there any other reasons that you should not perform, or limitations that could prevent you from performing physical activity? _____

Do you have any muscle, tendon, ligament, bone or joint problems that will be exacerbated by increase in activity? Yes No

Are you currently pregnant? Yes No

Are you currently taking any medications or supplements that may affect your heart rate or blood pressure? Yes No

If you answered yes to the above question, please list: _____

I acknowledge and agree that it is my responsibility to disclose any such prescribed medications. I further acknowledge and agree that if I answered yes to any of the above questions that are noted with an asterisk (*), staff of the Facility may require that I provide written physician approval before I may use or participate in any physical activity conducted in the Facility. I understand that it is my complete right to decrease or stop any use of or physical activity in the Facility and that it is my obligation to inform the Facility staff of any symptoms or other medical issues should any develop.

CLIENT SIGNATURE: _____

For Staff Use Only

Have you been to an Orangetheory Fitness facility before? Yes - Location: _____ No

How did you hear about us? Website Social Media Drive/walk by Referral: _____ Other

Do you currently exercise? Yes No

If Yes: What are you currently doing for exercise? Cardio Weight training Classes (Pilates, Yoga, Spin, Barre) _____

What is your weekly exercise frequency? N/A 1x 2x 3x 4x or more

What are your personal fitness goals? Weight loss Lean muscle gain Overall health Tone/firm Athletic performance

Share three specific goals we will help you achieve: _____

Why are these important to you? _____

How long have you been thinking about achieving these goals? 1-3 months 4-7 months 8-12 months 12+ months _____

On a scale of 1-10, how passionate are you about achieving your goals? 1 2 3 4 5 6 7 8 9 10

What barriers have you had in reaching your fitness goals? Are any of these barriers still present? _____

Have you ever used personal training in the past? Yes No

If Yes: How was your experience? _____

When were you in the best shape of your life? _____

What were you doing at that time to be in the best shape of your life? _____

Who is your support system? Will they support you in achieving your goals? _____

Regarding fitness programs, what have you allocated to invest in your fitness goals on a per session basis? \$ _____

What days/times do you anticipate that you will be using the studio? _____

Staff Name and Title: _____ Date: ____/____/____