All Roads Fitness

Client Intake Form

Name: _____ Pronoun: _____
Date of Birth: _____ Age: _____
Phone: _____ Email: _____

Does your physician know you are participating in this exercise program? _____
Emergency contact _____ Phone _____ Relationship _____

Health & Medical Background
Please refer to separate file titled *PARQPlus2025*

Lifestyle & Activity Background
How would you describe your current activity level? (Sedentary / Lightly active / Moderately active / Very active)

What types of movement or sport do you participate in regularly?

How many days per week do you typically exercise? (0–1 / 2–3 / 4–5 / 6+)

Baseline & Intention Questions
1. How do you currently feel while participating in movement and exercise?

2. Do you currently experience pain during any movement? If yes, describe:

3. Do you have a history of injuries or ailments that impact your movement practice?

4. Have you had a personal trainer in the past? What level of strength training knowledge do you have currently? (none / some / average / lots)

5. What are your goals or intentions for this program block?

6. Anything else you wish to share?

Readiness & Consent

Are you ready to begin a consistent strength and movement practice? (Yes / No / Not sure)

I acknowledge that all information provided is accurate to the best of my knowledge.

Participant Signature: _____ Date: _____