

Client Intake Form

Full Name:	DOB:
Address:	
	State: Zip:
Phone #:	Email:
Current Weight:	Height:
Current Calorie/Macro Intake (if known): _	
Occupation:	IG Handle:
Emergency Contact/Relationship:	Phone #:
Medical Health Conditions:	
Physical Injuries/Surgeries including date:	
Current Medications:	
Current Vitamins/Supplements:	
Food Allergies:	
Food Aversions:	
Years of Lifting Experience:	Rate your lifting form (1-10):
· · · · · · · · · · · · · · · · · · ·	lave you played any sports? Competed in anything? CrossFit or Burn Boot Camp? Were you a runner? Etc.)

In as much detail as possible, describe your short term (3-6 month) and long term (1+ year) goals:
Are you willing/able to dedicate 1-2 hours per week to meal preparation and a minimum of 4 hours per week to training and exercise to reach your goals? Yes No
Are you willing/able to spend 5 minutes in the morning to send progress pictures (if required - typically once every 1-2 weeks) to track your progress and goals? Yes No
Explain why you're hiring a coach to help reach your goals and what you expect from your experience:
Explain why you think Vogue Strength and Wellness is the right fit for you:
I hereby certify that all of the information provided by me in this document is correct, accurate and complete to the best of my knowledge.
Client Signature: Date: