**  
New Client Intake Form**

Name: (First & Last) Employee ID Email

**Availability (Please put ALL of the times available for each day)**

Monday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 Wednesday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 Friday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Training Package (please circle)**

Hour Sessions:  
  
(4) Hour Sessions ($140) (6) Hour Sessions ($180) (12) Hour Sessions ($300)   
  
30- Minute Sessions:  
  
Fitness Assessment ($50) 4 Sessions ($80) 6 Sessions ($100) 12 Sessions ($180)  
  
***Please Note: A Fitness Assessment is required for ALL new clients prior to beginning training sessions!***   
  
Non-Members MUST purchase a one- month membership: MUST BE CC EMPLOYEE!

**General Health and Fitness Information**

What is your weekly activity level? *Be Honest*

* Sedentary
* Moderate
* High

How many days per week are you able to devote to an exercise program? *Be honest*

What do you want to focus on? *Check any*

* Strength
* Endurance
* Stress Management
* Weight Management
* Chronic Disease Management

**Do you have any health restrictions/limitations? (i.e. knee, back, shoulder, heart problem’s etc.?)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**