



NEW CLIENT INTAKE FORM

The information contained in this document is confidential, may be privileged, and is intended solely for the eyes of the name listed and the coach at Meridians & Marathons. If found, please return to owner.

Today's Date: _____

Desired Start Date: _____

Personal Information

Name: _____

Address (please use billing address for cc):

Work or Other Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Occupation: _____ Hours per week: _____

While working, what percentage of time is spent sitting? _____

Married/Partner: **Yes** **No** Children (if yes, how many and ages): _____

Emergency Contact Information

Name: _____

Work or Other Phone: _____ Cell Phone: _____

How did you hear about my coaching services? *(be specific, please)*

Medical History

Primary Health Care Provider's Name & Specialty: _____

Phone: _____

1. Please list any medications taken on a regular basis (*prescription and non-prescription*):

2. Please list any supplements, including how much and how often you take them:

3. Do you have any food or medication-relevant allergy? (*circle one*) **Yes** **No**

If so, please list and explain:

4. Please list any current illnesses, recent injuries, recent surgeries, or past medical problems or surgeries that present lingering challenges:

5. If female, are you, or have you recently been, pregnant? (*circle one*) **Yes** **No**

If yes, please list when, how many times:

6. If female, how are your menstruation cycles? (*circle one*) **Normal** **Debilitating**

If debilitating, how do you manage it?

7. Any special medical needs or information that I should be aware of?

Athletic History

8. Please list the sports and activities in which you have participated most often throughout life. Including duration, participated, how long ago, how competitive you were and any other comments:

9. List your best (or favorite) activities, race results, events, times, place, conditions, etc.:

10. On average, how many miles and/or hours per week did you train/practice last year? _____

11. Have you ever done any strength resistance training? (circle one) **Yes** **No**
If yes, what types have you done in the past? What do you do currently? (Please note frequency, duration, and which days/week.)

12. Do you feel you have ever "over trained"? (circle one) **Yes** **No**
If yes, please describe the type and amounts of training you were doing:

13. What do you feel are your strengths and weaknesses with respect to achieving your goals?

14. What is your resting heart rate? _____ When was your last reading? _____
How did you take it? _____

15. Rate your fitness level 1-5 (5 being the best and 1 being the worst) compared to your highest level in the past five years:

1 2 3 4 5

Current Fitness Level Information

16. Describe your current training/practice week. *If you keep a training/practice log, please email me a copy of your last 1-3 months if possible.*

17. Is this typical? (*circle one*) **Yes** **No**

18. Please describe in hours/miles any "quality" training AND if inside or out.

SWIM Volume/Week: _____

RUN Volume/Week: _____

BIKE Volume/Week: _____

YOGA Volume/Week: _____

STRENGTH Volume/Week: _____

OTHER Volume/Week: _____

19. Describe your longest single workout in the last three weeks:

20. Please list when and how much time you have available for training:

Monday	_____	Saturday	_____
Tuesday	_____	Sunday	_____
Wednesday	_____		
Thursday	_____		
Friday	_____		

21. How many days a week do you take off from training? _____

22. Ideally, how many days would you like to take off from training a week? _____

23. What type of recovery/rehab modalities have you tried?

Physical Activity Readiness

24. Are you at moderate or high risk of cardiac failure? (circle one) **Yes** **No**

If yes, please explain including how, when, who diagnosed and medicinal therapy:

25. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? (circle one) **Yes** **No**

If yes, please explain:

(circle one)

26. Are you aware, through your own experience or a healthcare professional's advice, of any other physical reasons against your exercising without medical supervision? (circle one) **Yes** **No**

If yes, please explain:

27. Do you have any metabolic diseases controlled or uncontrolled, such as diabetes, hyperthyroidism, hypothyroidism, etc.? (circle one) **Yes** **No**

If yes, please explain:

(circle one)

28. Do you suffer from an autoimmune disorder such as: lupus, fibromyalgia, etc.? (circle one) **Yes** **No**

If yes, please explain:

(circle one)

29. Are you, or have you ever been, anorexic or bulimic or exhibit any overeating/starving tendencies as punishment/reward/mood management? (circle one) **Yes** **No**

If yes, please explain:

Other Health Considerations

30. Have you ever had an injury that caused you to stop exercising for more than a week?
If yes, please explain: (circle one) **Yes** **No**

31. Do you, or have you ever, smoked regularly?
If yes, please explain: (circle one) **Yes** **No**

32. Do you use any drugs recreationally?
If yes, please explain: (circle one) **Yes** **No**

33. How many alcoholic beverages do you have in a day/week? What types? What is the setting?

34. How would you rate your sleep quality on a scale of 1-5; 5 being excellent, consistent and minimum of 7.5 hours? (circle one) **1** **2** **3** **4** **5**
If not a 5, please explain, listing: patterns, total hours, bedtimes/waketimes, use of alarms, etc:

35. How would you rate your bowel movements?
Please explain, listing regularity (daily - more or less)? Firm, hard, soft, loose? Urgency? Time to pass?

36. Are there any other physical or emotional problems that may affect your training?
If yes, please explain: (circle one) **Yes** **No**

37. How would you rate your nutritional choices on a scale of 1-5; 5 being excellent and consistent?
(circle one) **1** **2** **3** **4** **5**
If not a 5, please explain, listing: patterns, reasons for slips, etc.:

Other Health Considerations

38. What is your nutrition profile?

Omnivorous Pescatarian Vegetarian
 Vegan Paleo Other (*please explain*)

39. How much time do you spend, on average, in front of the TV? When? Please explain:

40. How much time do you spend, on average, using social media? When? Please explain:

41. What else should I have asked to know **YOU** better?

Your Goals

List below all of your goals you plan on possibly competing in this year.

Habits

List things that you would like to change; such as weaning from medications and/or supplements, drugs, alcohol, bad eating habits, etc.

Goal	How soon?

Physical Activity

List things that you would like to improve; such as increased strength, stamina, flexibility, etc.

Goal	How soon?

Equipment and Other Information

Please check off the equipment you own or have access to; include brand, model and type where applicable.

Equipment	Yes	No	Brand/Model/Type
Heart Rate Monitor			
Power Meter			
Triathlon/Road Bike			
Mountain Bike			
Spin Bike			
Indoor Bike Trainer			
Bike Computer			
Stair Master/Stepper			
Treadmill			
Gym Membership			
Yoga Classes			
Weights			
Longer, Moderate-Grade Hill			
Steep/Short Hill			
Rowing			
Pool (how many yards or meters?)			
Open Water Access			
Swim Workout Equipment (please list...)			

At the end of this month how will you judge if my coaching is helping?

At the end of this **season** how will you judge if my coaching was successful?

Why do you want to work with me? *What is important to YOU?*

Payment Information

All services are invoiced via email. A 2.9% +\$.30 credit card processing/service fee will be added. Payments will be automatically deducted from saved credit card each month. Meridians & Marathons reserves the right to terminate service if payment is not made in timely fashion. No refunds will be issued for any services. Six-packs of private coaching must be used within six months of purchase.

I acknowledge that I have read and understand the refund policy. _____ (please initial)

Signature _____ Date _____