IRON LEGACY COACHING

CLIENT INTAKE FORM

Honor. Strength. Discipline. -The Way We Train, The Way We LIve.

PURPOSE

This intake form establishes a clear understanding of your health history, goals, lifestyle, and readiness for training. All information is confidential and used solely to design safe, effective, and disciplined coaching.

SECTION 1 — CLIENT INFORMATION

Full Name: _____

Date of Birth: _____ **Age:** _____

Email: _____

Phone: _____

Preferred Method of Contact: □ Call □ Text □ Email

Emergency Contact (Name & Phone): _____

SECTION 2 — COACHING OBJECTIVES

Primary Goal (check all that apply):
□ Fat Loss □ Strength □ Muscle Gain □ Conditioning □ Mobility □ Longevity

Why is this goal important to you right now?

Timeline you are committed to (minimum 12 weeks recommended):

SECTION 3 — TRAINING HISTORY

Current Training Status:
□ Beginner □ Returning after break □ Intermediate □ Advanced

Training Experience (years/months): _____

Current Weekly Training Frequency:
□ 0–1 □ 2–3 □ 4–5 □ 6+

Preferred Training Environment:
□ Home □ Commercial Gym □ Hybrid

SECTION 4 — MEDICAL & HEALTH HISTORY

Have you ever been diagnosed with any of the following? (Check all that apply)
□ High blood pressure □ Heart disease □ Diabetes □ Respiratory condition
□ Joint issues □ Back/neck injuries □ Surgeries □ Mental health concerns
□ Other: _____

Are you currently under physician care? □ Yes □ No

Are you taking any medications that affect exercise? □ Yes □ No
If yes, please explain:

SECTION 4A — PAR-Q STYLE MEDICAL CLEARANCE

Please answer YES or NO to each question below.

1. Has your doctor ever said that you have a heart condition or that you should only do physical activity recommended by a doctor?
   □ Yes □ No
2. Do you feel pain in your chest when you perform physical activity?
   □ Yes □ No
3. In the past month, have you had chest pain when not performing physical activity?
   □ Yes □ No
4. Do you lose balance because of dizziness or do you ever lose consciousness?
   □ Yes □ No
5. Do you have a bone, joint, or soft tissue problem that could be made worse by a change in physical activity?
   □ Yes □ No
6. Is your blood pressure currently uncontrolled or untreated?
   □ Yes □ No
7. Are you currently pregnant or recently postpartum?
   □ Yes □ No
8. Do you know of any other reason why you should not engage in physical activity?
   □ Yes □ No

If you answered YES to any of the above questions, medical clearance may be required prior to participation.

SECTION 5 — INJURY & LIMITATIONS

Current or previous injuries that may affect training:

Movements that cause pain or discomfort:

SECTION 6 — NUTRITION & LIFESTYLE

Current Nutrition Approach:
□ No structure □ Tracking □ Whole foods focus □ Other: _____

Average Daily Water Intake: _____

Sleep (average hours/night): _____

Alcohol Intake: □ None □ Occasional □ Regular

SECTION 7 — ACCOUNTABILITY & READINESS

On a scale of 1–10, how committed are you to this process? _____

What usually causes you to fall off track?

What kind of accountability do you respond to best?
□ Direct & firm □ Supportive □ Structured check-ins □ Combination

SECTION 8 — MENTAL PERFORMANCE & STRESS

Current stress level (1–10): _____

Primary stress sources (work, family, health, etc.):

Have you ever worked with a coach or professional for mental health or performance? □ Yes □ No

SECTION 9 — AGREEMENT & ACKNOWLEDGMENT

I confirm that the information provided is accurate to the best of my knowledge. I understand that participation in fitness training involves inherent risk and agree to communicate openly with my coach regarding health status, discomfort, or concerns.

Client Signature: _____ Date: _____

IRON LEGACY COACHING STANDARD

This program is built on consistency, discipline, and accountability. Results are earned through adherence to the process. Your success is determined by you. Show up for yourself and you can reach your goals!

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Completion of this form does not replace medical advice.
Clients may be required to obtain medical clearance prior to participation.