client intake.

coach-led copy

Get to know the person before you write the plan. Gather their goals, training preferences and health history, then record the follow-up that needs to happen before training.

Date

before you begin

Ask the questions with your client and record their own answers. Let them review the completed record. Leave unknown measurements blank and include units. Do not guess health answers or treat blanks as no. Use an agreed private channel for completed forms.

your details

First name

Last name

Email

Phone

Date of birth (YYYY-MM-DD)

Name you prefer to use

Emergency contact name and relationship

Emergency contact phone

your details / continued

Sex - choose one (Male / Female / Medically Ambiguous or Intersex)

Measurement units (Metric / Imperial)

Height, if known (cm or feet and inches)

Weight, if known (kg or lb)

your training preferences

Primary goal - choose one (Muscular Strength / Muscular Power / Hypertrophy / Muscular Endurance / Aerobic Endurance / Weight Loss / Body Composition / Speed & Agility / General Fitness)

What would reaching this goal let you do, and why does it matter to you?

Is there a particular sport, event or target date?

Experience level - choose one (Beginner / Intermediate / Advanced)

your training preferences / continued

How long have you trained consistently, and what have you been doing recently?

What progress have you made recently, and how often do you improve?

Available equipment - choose one (Full Gym / Dumbbells Only / Bodyweight Only / Basic Home Gym with Barbell and Rack)

Any specific equipment available or missing?

How busy is your gym - choose one (Rarely busy / Sometimes busy / Usually busy / Always packed / I train at home)

your availability

Training days - select all that work (Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday)

your availability / continued

Session length - choose one (15 / 30 / 45 / 60 / 75 / 90 minutes)

Any day-specific time limits, travel or schedule changes?

pre-exercise health questions

Answer every question. Choose not sure if you need to check, and discuss any question you prefer to answer privately with your coach. This original health-history worksheet is not the official PAR-Q+, medical clearance or a waiver.

If you have current chest pain, severe breathlessness, fainting or other urgent symptoms, stop activity and seek urgent medical care. Do not wait for a form review.

Has a health professional diagnosed a heart condition or high blood pressure?

◯ Yes ◯ No ◯ Not sure

Have you experienced chest pain or pressure at rest, during daily activities or during exercise?

◯ Yes ◯ No ◯ Not sure

In the last 12 months, have you fainted, lost consciousness or lost your balance because of dizziness?

◯ Yes ◯ No ◯ Not sure

Do you have another diagnosed long-term condition, such as diabetes, kidney or lung disease?

◯ Yes ◯ No ◯ Not sure

Health history and training context. Complete indicated follow-up before training.

pre-exercise health questions / continued

Do you take prescribed medication for a long-term condition, including blood pressure or a heart condition?

◯ Yes ◯ No ◯ Not sure

Could activity aggravate a bone, joint, muscle, tendon or other soft-tissue problem you have now or have had recently?

◯ Yes ◯ No ◯ Not sure

Has a health professional told you to exercise only under medical supervision or to restrict activity?

◯ Yes ◯ No ◯ Not sure

Is there any other reason you are concerned about starting or increasing activity?

◯ Yes ◯ No ◯ Not sure

For each yes or not-sure answer, describe what happened, when, whether it is current and any advice received

health history & current activity

Record none where appropriate; use not sure when you do not know. You may discuss sensitive details privately with your coach, who must resolve relevant gaps before planning activity.

Diagnosed conditions, recent illness, surgery or hospital care, with dates

Medications and supplements - name, reason, recent changes and relevant advice

Health history and training context. Complete indicated follow-up before training.

health history & current activity / continued

Other symptoms - unusual breathlessness, racing or skipped heartbeat, ankle swelling or unusual fatigue; when and whether current

Family heart history - early heart disease, unexplained sudden death or inherited heart conditions; relationship and age

Current injuries or limitations, pain triggers and exercises to avoid

Pregnancy or postpartum status, if relevant; timing, symptoms and professional advice (or not applicable / discuss privately)

Existing professional restrictions or clearance instructions, including date and who provided them

Recent structured exercise - activities, days per week, minutes per session, intensity and months consistent

Recent time away from training - duration and reason

Intended activity and effort (Light / Moderate / Vigorous / Not sure)

Health history and training context. Complete indicated follow-up before training.

health history & current activity / continued

Anything else your coach should know?

client confirmation

I have checked these answers and identified anything I do not know or want to discuss privately. I will tell my coach about changes in my health, symptoms, medication or restrictions. My coach must review the answers before planning activity. This confirmation is not consent to treatment, medical clearance or a liability waiver.

Client name / acknowledgement

Confirmation date

Health history and training context. Complete indicated follow-up before training.

for the coach

Complete the remaining sections after reviewing the client's answers. Verify imported values rather than treating prefilled defaults as confirmed facts. Confirm sex and any unanswered profile fields with the client; do not substitute a value. Carry gym busyness and equipment constraints into coach notes.

health screening & profile review

Review every answer, including blanks and not-sure responses. Do not infer clearance from all-no answers. Resolve relevant gaps and use a qualified professional for questions outside your scope. Follow the current official PAR-Q+ and its follow-ups when using that instrument; do not record this worksheet as an official PAR-Q+.

Official PAR-Q+ and ePARmed-X+ resources are available at https://eparmedx.com/ .

Health answers reviewed with client - date and reviewer

Unanswered, yes or not-sure items and the follow-up required

Screening instrument used, version and completion date; record or attachment location

Follow-up or professional advice (Not indicated after review / Pending / Received), with reason and date

Professional advice or clearance - provider, date, scope and document location, if required

Health history and training context. Complete indicated follow-up before training.

health screening & profile review / continued

Confirmed restrictions, modifications and any unresolved concerns

Next action (Await follow-up / Refer / Plan within confirmed restrictions), with reason

Review date and changes that require an earlier re-screen

Consent and service agreement completed separately - date or next step

Age at program start (years), calculated from date of birth

Profile verified with client - sex, height, weight and units; note anything unresolved

program design brief

Program name (optional)

Program duration (4 / 6 / 8 / 10 / 12 / 14 / 16 weeks)

Health history and training context. Complete indicated follow-up before training.

program design brief / continued

Confirmed programming goal - choose one (Hypertrophy / Muscular Strength / Muscular Power / Muscular Endurance / Fat Loss / General Fitness / Sport-Specific Performance / Event Preparation)

Confirmed experience tier (Untrained / Novice / Intermediate / Advanced / Elite)

Exercise complexity (Standard / Balanced / Experimental)

Tempo prescriptions (None / Per exercise / Per set)

Coach notes - include goal context, gym busyness, equipment constraints and exercises to avoid

each training day

Use the selected weekdays only. Record day type (Auto / Lifting / Cardio / Hybrid), focus (Push / Pull / Legs / Upper / Lower / Full Body / Custom), and duration. For a custom focus, write the intended emphasis.

For total duration choose 15, 30, 45, 60, 75 or 90 minutes. For a per-group allocation, name each group and its minutes (at least 5, in 5-minute increments). Cardio or hybrid days can specify Running, Biking, Walking, Stepmill, Elliptical or Rowing.

Monday - type, focus, duration and any cardio modality

Tuesday - type, focus, duration and any cardio modality

each training day / continued

Wednesday - type, focus, duration and any cardio modality

Thursday - type, focus, duration and any cardio modality

Friday - type, focus, duration and any cardio modality

Saturday - type, focus, duration and any cardio modality

Sunday - type, focus, duration and any cardio modality

Per-group time allocations or custom focus details, if used

ready for the next step

Unresolved questions or restrictions to address

Confirmed next action and review date

Coach name and review date

This form gathers training context and health history. It is not the official PAR-Q+, medical clearance or a liability waiver. Complete any indicated follow-up before training.