



Personal Training: New Client Intake

General Contact Information

Client Name: _____ DOB: _____ Pronouns: _____
Street: _____ Town: _____ State: _____ Zip: _____
Phone: _____ Email: _____
How would you like to receive appointment confirmations? Email Text/SMS Both
 Check here if you do not want to be added to our mailing list.
Emergency contact: _____ Phone: _____
Referred by: _____ Phone: _____
Were you referred by another healthcare provider or will you be seeking reimbursement from an insurance company? Yes No

Occupation Information

What is your occupation? _____
Does your occupation require or frequently include any of the following?
 Heavy Lifting Sitting for long periods Repetitive Motion
 Driving/Commuting Shoes with a heel (e.g. dress shoes) Other: _____
Does your occupation cause you mental stress? Yes No

Lifestyle Information

Do you have stressors in your personal life? Yes No
Do you regularly get 8 hours of sleep per night? Yes No
Do you feel energized throughout the day and prior to activities? Yes No
Do you feel you drink enough fluids? Yes No
Do you regularly participate in physical recreational activities (e.g. golf, skiing, etc)? Yes No
If yes, please explain. _____
Do you have any other hobbies (e.g. gardening, reading, video games)? Yes No
If yes, please explain. _____

Fitness Information

Have you previously worked with a personal trainer or undergone any exercise programs?
 Yes No If yes, please describe. _____
Do you have any pain or limitations with movement? _____

What are your primary fitness goals/expected outcomes?
 Pain Management Surgery or Injury Recovery Postural Correction
 Increase Flexibility Increase Strength Other: _____
What types of activities do you prefer? _____

What types of activities do you dislike? _____

Company Policies



Cancellation Policy: All appointments are carefully timed. To avoid paying for missed appointments, a cancellation notice of 24 hours is required for all clients. Exceptions may be made to this policy for emergency situations; please speak with the Office Manager to discuss your situation. Please note that work conflicts are not considered emergencies.

- Late arrivals: Clients will receive the time remaining on their scheduled service and will be charged for the 100% of their scheduled appointment, regardless of actual length of service received. Clients that opt to reschedule instead of receiving a shortened service will be charged as a late cancellation.
- Missed Appointment: Clients will be charged 100% of their scheduled appointment fee if they show up sick or are "No-Call, No-Show."
- Late Cancellation: Clients will be charged 50% of their scheduled appointment fee if they cancel or reschedule with less than 24 hours notice.

Inappropriate Behavior: Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

Refund Policy:

- All refunds will be issued by check to the original purchaser; no exceptions.
- No refunds will be issued once a service has been provided.
- Refunds of a series or package will be prorated to the full service rate before a refund is issued for remaining balance.
- Retail items may be returned unused within 30 days for a full refund; receipt required.
- Refunds of cancellation fees or missed appointment fees require manager approval.

Outstanding Balance Policy: All fees and/or unpaid services must be paid in full prior to scheduling future services. For balances related to insurance billing, a payment plan may be implemented while continuing to complete the massage prescription. Payment plans will be set up on a case-by-case basis with the client's budget in mind.

Client Termination Policy: At Oasis Massage, we are committed to providing a safe, respectful, and professional environment for all our clients and staff. While we value every client relationship, client termination may occur in the following instances: Inappropriate Behavior, Non-Payment, Failure to Disclose Relevant Medical Information, Frequent No-Shows or Cancellations, and/or Failure to Comply with Policies.

I acknowledge and agree to the above policies.

Client Signature: _____

Date: _____