
COURSE RESOURCE

GLP-1 CLIENT INTAKE & HEALTH-HISTORY FORM

Client intake | Working With GLP-1 Clients for Personal Trainers — complete at onboarding, review before programming

Complete this form before your first session. Your answers help your coach build a safe, effective training and habit plan around your current situation. Nothing here replaces medical advice, and your coach will not change, recommend, or comment on your medication. Please answer honestly — anything you leave blank is a gap in the plan.

SCOPE OF PRACTICE

Your personal trainer coaches exercise, general nutrition habits, and progress tracking. They do not diagnose conditions, prescribe or adjust medication, or provide medical treatment. The role here is to recognise relevant information, document it, and refer you to your healthcare provider when something falls outside coaching. If any answer below raises a safety concern, your coach may pause programming until you have checked in with your prescriber.

SECTION 1 — CONTACT & EMERGENCY

- Full name: _____ Date of birth: ____ / ____ / ____
- Phone: _____ Email: _____
- Preferred contact method & best times: _____
- Emergency contact — name / relationship / phone:

- Today's date: ____ / ____ / ____

SECTION 2 — GOALS & READINESS

- Primary goal (circle): fat loss / build or preserve muscle / strength / general fitness / other: _____
- What does success look like to you in 3 months?

- Days per week you can realistically train: ____ Session length available: ____ min

- Access (circle all): full gym / home equipment / bodyweight only / other: _____

SECTION 3 — GLP-1 MEDICATION

This section is for the coach's awareness only. We record it so we can adjust training load, session timing, and habit coaching around how you feel. We do not advise on the medication itself.

Question	Your answer
Are you currently taking a GLP-1 medication?	Yes / No
Medication name (as written on your prescription)	_____
Approximate start date / how long on it	_____
Recently changed dose or started a new dose?	Yes / No — when: _____
Typical injection/dose day of the week	_____
Who prescribes and manages it?	Name / clinic: _____

WHY IT MATTERS

Appetite, energy, and side effects can shift in the days around a dose change. Knowing your dose day and prescriber lets your coach schedule harder sessions when you tend to feel best, keep protein and hydration habits front-of-mind, and know exactly who to point you back to if something feels off.

SECTION 4 — RELEVANT MEDICAL HISTORY

Tick anything that applies now or in the past. This is not a medical exam — it flags where your coach should keep training conservative and refer to your provider before progressing.

- ☐ Heart condition, chest pain, or irregular heartbeat ☐ High or low blood pressure
- ☐ Diabetes or blood-sugar issues (including history of low blood sugar / hypoglycemia)
- ☐ Digestive issues — nausea, vomiting, reflux, constipation, or a history of pancreatitis or gallbladder problems
- ☐ Dizziness, fainting, or falls ☐ Dehydration episodes
- ☐ Kidney or liver condition ☐ Thyroid condition
- ☐ Joint, bone, back, or previous injury (specify): _____

- ☐ Pregnant, recently postpartum, or trying to conceive
- ☐ Eating disorder history or current disordered-eating concerns
- ☐ Any surgery in the last 12 months (specify): _____
- Anything else your coach should know: _____

KEY SIGNAL

Stop training and contact your healthcare provider (or emergency services if severe) if you experience persistent vomiting, severe or ongoing abdominal pain, signs of very low blood sugar (shakiness, confusion, sweating), fainting, or chest pain. Tell your coach so the plan can be paused. Your coach's job here is recognise, document, refer — not to treat.

SECTION 5 — OTHER MEDICATIONS & SUPPLEMENTS

List everything you take regularly. Your coach does not manage these; they note them so training and habit advice don't clash with how you feel day to day.

Medication / supplement	What it's for (optional)	Timing
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Any known allergies (medication, food, other): _____

SECTION 6 — TRAINING & ACTIVITY HISTORY

- Current activity level (circle): sedentary / lightly active / active / very active
- Resistance-training experience (circle): none / <6 months / 6-24 months / 2+ years
- Movements you already do confidently: _____
- Movements or exercises to avoid, and why: _____
- Recent appetite/energy on a typical training day (circle): low / moderate / good
- Estimated daily protein habit (circle): rarely think about it / some meals / most meals
- Average sleep per night: ____ hrs Typical daily steps (if tracked): _____

SECTION 7 — CONSENT & ACKNOWLEDGEMENTS

CONSENT

By signing, I confirm that the information above is accurate to the best of my knowledge and that I will update my coach if it changes (including any medication or dose change). I understand my coach provides fitness coaching, general nutrition habits, and progress tracking only — not medical advice, diagnosis, or medication guidance — and that I am responsible for consulting my healthcare provider about my medication and any medical concern. I agree to stop exercising and seek medical attention if I experience warning symptoms, and to tell my coach so my program can be adjusted.

- ☐ I consent to participate in coach-led exercise as described above.
- ☐ I consent to my coach contacting my healthcare provider / prescriber if a safety concern arises. Provider name & phone: _____
- ☐ I have been advised to obtain medical clearance before starting, and I understand this is my responsibility.
- Client signature: _____ Date: ____ / ____ / ____
- Coach name & signature: _____ Date: ____ / ____ / ____

EVIDENCE NOTE

Guidance in this toolkit on training and nutrition alongside GLP-1 medications is directional and reflects general best practice for coaching; it is not medical advice. Where specific claims or figures appear elsewhere in the course, the course team will attach verified citations before publication.