LONE WOLF PERSONAL TRAINING
Client Induction Form

"Every wolf has a story. This is where yours begins."

1. Personal Details

Full Name:	
Date of Birth:	
Age:	
Address:	
Phone:	
Email:	
Emergency Contact (Name & Number):	

2. Medical & Health Screening

■ High Blood Pressure	■ Heart Condition
■ Diabetes	■ Asthma / Breathing Issues
■ Joint Injuries / Back Pain	■ Recent Surgery
■ Other (please specify):	
Current Medications:	
Doctor’s Clearance (if required): ■ Yes ■ No	

3. Lifestyle Snapshot

Occupation:	
Typical Daily Activity Level:	■ Sedentary ■ Light ■ Moderate ■ Active
Sleep (avg. hours/night):	
Stress Levels (1–10):	
Alcohol per week (units):	
Smoking: ■ Yes ■ No	

4. Fitness Background

Have you trained before?	■ Yes ■ No
Training style experience:	■ Weights ■ Cardio ■ Martial Arts ■ Other: ____
Current Activity Level:	■ Beginner ■ Intermediate ■ Advanced
Injuries/Limitations:	

5. Goals & Motivation

Main Goal:	■ Fat Loss ■ Muscle Gain ■ Strength ■ Endurance ■ Energy Boo
Why is this goal important to you?	
Where do you see yourself in 6 months?	

6. Measurements (Trainer to Fill)

Weight (kg):	
Height (cm):	
Body Fat %:	
Blood Pressure:	
Resting HR:	

7. Lone Wolf Commitment

"The pack survives, but the lone wolf thrives through grit, discipline, and action."

I commit to:
- Showing up with discipline.

- Following my nutrition & training plan.
- Respecting the process and the tribe.

Signature: _____ Date: ____ / ____ / ____