



Bridal Intake

PLEASE FILL OUT THIS FORM ABOUT YOUR GOALS FOR YOUR SPECIAL DAY!

Personal Information:

NAME: _____

EMAIL: _____

PHONE: _____

WEDDING DATE: _____

HEIGHT: _____

WEIGHT: _____

AGE/DOB: _____

Health and Fitness History:

Do you currently work out/train now? YES / NO

If YES – How many times per week? _____

What is your current training routine? (Strength Training, Cardio, CrossFit, Running, etc.)

Do you have any health concerns or health problems we should know about?

Health and Fitness GOALS for the Wedding:

Are you interested in a NUTRITION PLAN? YES / NO

How many times per week would you optimally like to train? _____

Ideally, what time works best for training? (morning, early morning, evenings, weekends, etc.)
