

# Member Goals Assessment Form

A 5-minute intake to set goals, surface obstacles, and book the first 30/60/90-day check-in.

MEMBER NAME

DATE

ASSESSOR

## SECTION 1 MOTIVATION & BACKGROUND

What drew you to join today?

What's your main fitness goal for the next 12 weeks?

Secondary goals (if any):

Past gym experience (positive or negative):

Obstacles or limitations (time, confidence, injury, etc.):

## SECTION 2 FITNESS & HEALTH BASELINE

Medical or injury history:

Current activity level:  Sedentary  Lightly Active  Active  Very Active

Notes from movement screens (squat, hinge, push, pull, core):

Baseline metrics (optional): Weight  Body fat  Strength test results

## SECTION 3 TRAINING PREFERENCES

Preferred training style:  Strength  Cardio  HIIT  Classes  PT

Preferred workout times:  Morning  Midday  Evening

Frequency goal:  2x / week  3x / week  4x / week

## SECTION 4 ONBOARDING PLAN

Recommended classes or programs:

Starter program assigned:

Recommended session frequency:

Next check-in scheduled:

## SECTION 5 ACCOUNTABILITY & COMMUNICATION

Weekly progress reminders?  Yes  No

Preferred communication:  SMS  Email  App

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_

Date: \_\_\_\_\_