



THE LONGEVITY LAB

New Client Intake & Wellness Audit

*Notes, reflections, and everything we need to build your training
around you.*

PRINGLE PRESCRIPTION STUDIO · 1556 BREEZY POINT ROAD, SELKIRK

Please complete this at home before your assessment and bring it with you. Print it
and write by hand, or type right into the PDF.

NAME

DATE

How to use this intake

This is the starting point for your training. There are no right or wrong answers, only an honest picture of where you are today so we can build from there.

PRINT IT

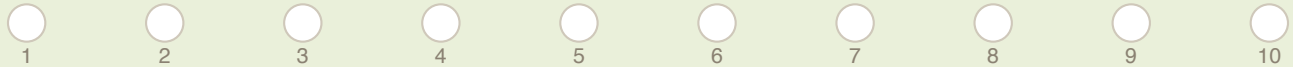
Print these pages and write by hand. Every question has room built in, and the 1-10 scales are made to circle.

FILL IT DIGITALLY

Open this PDF in Acrobat, Preview, or your browser and type into each field. Click a number to choose it, then save and send it back.

HOW THE 1-10 SCALES WORK

1 is the lowest or 'not at all.' 10 is the highest or 'completely.' Your own perception matters most. A 6 for you is a 6, and nobody is grading you. Answer for how things feel today.



Before we begin

1. In one sentence, why are you here today?

What's inside

About You & Goals — the basics, what you're working toward, and how ready you feel

Health & Safety — a few readiness questions so we train you safely

How You Feel Right Now — 1-10 check-ins and your Energy Score snapshot

1 Injury History — pain, injuries, surgeries, and past care

2 Activity History — what you've done, what worked, what didn't

3 Preferences & Movement Skills — what you enjoy and how your body moves

4 Current Activity Levels — a typical week of movement

5 Current Consumption Habits — a typical week of nourishment

The Energy Audit — six pillars: Soften, Sleep, Stillness, Support, Strength, Sustain

Bringing It Together — final questions, what happens next, and every link in one place

ABOUT YOU

The Basics

Confidential. This stays between you and your trainer.

FULL NAME

PREFERRED NAME

DATE OF BIRTH

PRONOUNS (OPTIONAL)

PHONE

EMAIL

OCCUPATION

HOW DID YOU HEAR ABOUT THE LONGEVITY LAB?

Emergency contact

NAME

PHONE

RELATIONSHIP TO YOU

My Longevity Lab plan

☐ 1x per week ☐ 2x per week

Session day (you may choose either)

☐ Wednesdays ☐ Saturdays

Preferred session time (Saturdays are mornings only)

☐ 9:30 AM ☐ 10:30 AM ☐ 11:30 AM
☐ 12:30 PM ☐ 4:00 PM (Wed only) ☐ 5:00 PM (Wed only)

☐ I'm curious about the at-home & community upgrade

Optional

Share only if it's useful to you and you're comfortable. You can skip either one.

HEIGHT

WEIGHT

Your Goals & Readiness

Let's get clear on what you're working toward.

1. What are your top three goals for the next 12 months?

2. Why now? What made you decide to start?

3. What would success look like in 3 months? In 12 months?

4. What has gotten in the way of reaching these goals before?

5. How important is it to you to make this change right now?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
1	2	3	4	5	6	7	8	9	10	
1 = not very important										10 = my top priority

6. How confident are you that you can stick with it?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
1 = not at all confident								10 = completely confident	

7. How ready do you feel to begin?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
1 = not ready								10 = ready to go	

Readiness Questions

A few questions so we can train you safely. Answer Yes or No.

Has a doctor ever said you have a heart condition, or that you should only exercise under medical supervision?	Yes	No
Do you feel pain in your chest when you exercise or when you're resting?	Yes	No
Do you lose your balance because of dizziness, or have you lost consciousness in the past 12 months?	Yes	No
Do you have a diagnosed chronic condition (for example diabetes, asthma, high blood pressure, or arthritis)?	Yes	No
Are you currently taking prescription medication for a chronic condition?	Yes	No
Do you have a bone, joint, or soft-tissue problem that could get worse with more activity?	Yes	No
Are you pregnant, or have you given birth in the past 12 months?	Yes	No
Is there any other reason you feel you shouldn't be physically active right now?	Yes	No

1. If you answered Yes to any of these, tell us more:

Conditions I've been diagnosed with (check any that apply)

- | | | |
|--|---|---|
| ☐ High blood pressure | ☐ Heart condition | ☐ Diabetes / blood sugar |
| ☐ Asthma / breathing | ☐ Osteoporosis / osteopenia | ☐ Arthritis |
| ☐ Thyroid condition | ☐ Autoimmune condition | ☐ Anxiety or depression |
| ☐ Migraines / headaches | ☐ Digestive issues (IBS, reflux) | ☐ Pelvic floor concerns |
| ☐ History of cancer | ☐ Concussion(s) | ☐ Other |

2. Medications, supplements & allergies:

If you answered Yes to any readiness question, we'll talk before training and may ask for a note from your doctor. This intake is not medical advice.

RIGHT NOW

How You Feel Today

Rate each from 1 to 10 based on how things feel today. Not last year, and not where you hope to be.

1. My overall health

1	2	3	4	5	6	7	8	9	10	
1 = poor										10 = excellent

2. My energy on a typical day

1	2	3	4	5	6	7	8	9	10	
1 = drained										10 = energized

3. My stress level

1	2	3	4	5	6	7	8	9	10	
1 = calm										10 = overwhelmed

4. My day-to-day pain or discomfort

1	2	3	4	5	6	7	8	9	10	
1 = none										10 = severe

5. My confidence in my body

1	2	3	4	5	6	7	8	9	10	
1 = not confident										10 = very confident

6. My mood most days

1	2	3	4	5	6	7	8	9	10	
1 = low										10 = great

7. My satisfaction with my current fitness

1	2	3	4	5	6	7	8	9	10	
1 = not satisfied										10 = very satisfied

8. Anything you'd like to add about how your body feels?

YOUR ENERGY SCORE SNAPSHOT

A Quick, Gut-Level Score

Before the deep-dive questions, score yourself. This is your 'before.' It's not a test, and it's not permanent.

PILLAR	SCORE (1-10)	ONE WORD
Soften: nervous system & calm		
Sleep: rest & recovery		
Stillness: meditation & inner listening		
Support: community & accountability		
Strength: movement & physical confidence		
Sustain: nourishment & hydration		
Total Energy Score (out of 60):		

What you've already tried (check anything that sounds familiar)

- | | |
|--|---|
| ☐ Joined a gym, then stopped going | ☐ Started a program and didn't finish |
| ☐ Followed a diet or meal plan that faded | ☐ Signed up for a challenge: strong start, familiar fade |
| ☐ Bought equipment that's now collecting dust | ☐ Worked with a trainer before |
| ☐ Relied on motivation to show up | ☐ Pushed through pain or fatigue |

You're not lazy. You've been trying. This just tells us where to stop repeating what hasn't worked.

SOMETHING ELSE

Injury History

Past and present. Everything that shapes how we move your body.

AREA	PAIN NOW	STIFFNESS	PAST INJURY	NONE	HOW MUCH IT BOTHERS ME (1-10)
Neck					
Shoulders					
Elbows & wrists					
Hands					
Upper back					
Lower back					
Hips					
Knees					
Ankles & feet					
Head / jaw					
Core / pelvic floor					

1. At its worst this past week, my pain or discomfort was...

12345678910

1 = none10 = severe

2. How much do pain or stiffness limit my daily life?

12345678910

1 = not at all10 = completely

3. What makes it feel worse? What makes it feel better?

4. Movements or positions I avoid because of discomfort or fear:

Injuries, Surgeries & Care

List anything that's still on your mind, even if it was a long time ago.

INJURY / AREA	YEAR	WHAT HAPPENED	TREATED BY (PHYSIO, CHIRO, ETC.)	STILL AFFECTS ME?

SURGERY / PROCEDURE	YEAR	NOTES

1. Has a doctor or therapist ever told you to avoid certain movements or exercises?

2. Are you currently seeing a physio, chiropractor, massage therapist, or other practitioner? Who, and for what?

3. Is there anything about your injuries that you feel afraid of or unsure about?

Activity History

Where you've been shapes where we start. No judgment here.

Activities I've done in the past (check all that apply)

- | | | |
|---|--|---|
| ☐ Team sports | ☐ Running / jogging | ☐ Walking / hiking |
| ☐ Gym / weights | ☐ Group fitness classes | ☐ Yoga |
| ☐ Pilates | ☐ Swimming | ☐ Cycling |
| ☐ Dance | ☐ Martial arts | ☐ Racquet sports |
| ☐ Skiing / skating | ☐ Bootcamp / CrossFit | ☐ Physio rehab |
| ☐ Not much | | |

1. What movement or sports did you do as a kid and teenager?

2. What's the most consistent stretch of exercise you've had? What made it work?

3. What usually makes you stop or fall off?

4. Have you worked with a trainer, coach, or program before? What worked and what didn't?

5. How long have you exercised regularly?

- ☐ Never
 ☐ Under 6 months
 ☐ 6-12 months
 ☐ 1-3 years
 ☐ 3+ years

6. How confident do I feel in a gym or training setting?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 1 = very uncomfortable 10 = right at home

7. How would I rate my overall exercise experience?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 1 = total beginner 10 = very experienced

Activity Preferences

What lights you up, and what makes you want to hide.

Movement I enjoy (check all)

- | | | |
|---|--|--|
| ☐ Walking | ☐ Hiking / outdoors | ☐ Running |
| ☐ Strength training | ☐ Yoga | ☐ Pilates |
| ☐ Swimming | ☐ Cycling | ☐ Dance |
| ☐ Group classes | ☐ Martial arts | ☐ Team sports |
| ☐ Stretching & mobility | ☐ Meditation & breathwork | ☐ Gardening / yard work |
| ☐ Playing with kids / pets | ☐ Sports & leagues | ☐ Something else: |

Movement I'd rather avoid (check all)

- | | | |
|---|--|--|
| ☐ Walking | ☐ Hiking / outdoors | ☐ Running |
| ☐ Strength training | ☐ Yoga | ☐ Pilates |
| ☐ Swimming | ☐ Cycling | ☐ Dance |
| ☐ Group classes | ☐ Martial arts | ☐ Team sports |
| ☐ Stretching & mobility | ☐ Meditation & breathwork | ☐ Gardening / yard work |
| ☐ Playing with kids / pets | ☐ Sports & leagues | ☐ Something else: |

How I like to be coached (check all)

- | | | |
|---|--|---|
| ☐ Clear step-by-step instruction | ☐ Encouragement | ☐ Being challenged |
| ☐ A gentle pace | ☐ Music | ☐ Quiet |
| ☐ Variety | ☐ Structure & routine | ☐ Group energy |
| ☐ One-on-one attention | ☐ Explanations of the 'why' | ☐ Humour & fun |

1. What makes exercise feel fun or rewarding for you?

2. What makes exercise feel unappealing or intimidating?

3. How much do I enjoy exercise in general?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
1 = dislike it								10 = love it	

Skills in Movement

How do these feel in your body right now? 1 = can't do it / very hard, 10 = easy and confident.

MOVEMENT	1	2	3	4	5	6	7	8	9	10
Squatting (sit to stand, bodyweight squat)										
Hip hinge (bending from the hips)										
Pushing (wall or floor push-up, pressing overhead)										
Pulling (rowing, pull-ups, carrying)										
Lunging / split stance										
Balancing on one leg										
Getting down to and up from the floor										
Jogging / running										
Jumping & landing										
Coordination & rhythm										
Flexibility (reaching toes, overhead)										
Core control										
Breathing while exercising										

1. Movements I'd love to learn, or get back to:

2. A physical goal I'd love to hit in the next year:

Current Activity Levels

Think of a typical week. Not your best week, and not your worst.

DAY	WHAT I DO (ACTIVITY OR MOVEMENT)	HOW LONG	EFFORT (1-10)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

DAYS A WEEK I MOVE

HOURS SITTING A DAY

DAILY STEPS (ESTIMATE)

My work is mostly...

☐ Seated / desk
 ☐ Light (on my feet some)
 ☐ Moderate (active)
 ☐ Heavy (physical labour)

Equipment and space I have at home

☐ Nothing yet
 ☐ Mat
 ☐ Bands
 ☐ Dumbbells / kettlebell
☐ Foam roller
 ☐ Gym membership
 ☐ Outdoor space
 ☐ Stairs

TIME I CAN REALISTICALLY GIVE TO MOVEMENT AT HOME EACH WEEK

1. How satisfied am I with my current activity level?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 1 = not satisfied 10 = very satisfied

2. How would I rate my current fitness?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 1 = very low 10 = excellent

Current Consumption Habits

Think of a typical week of eating and drinking. Keep it simple and honest.

DAY	BREAKFAST	LUNCH	DINNER	SNACKS & DRINKS
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

WATER PER DAY

CAFFEINE PER DAY

ALCOHOL PER WEEK

FRUIT & VEG PER DAY

Check anything that sounds like you

- | | |
|--|--|
| ☐ I skip meals when I'm busy | ☐ I eat on the go |
| ☐ I eat late at night | ☐ I get strong sugar cravings |
| ☐ I eat when stressed or bored | ☐ I rarely feel hungry |
| ☐ I often feel overly full | ☐ I cook most meals at home |
| ☐ I eat out / takeout 3+ times a week | ☐ I include protein at most meals |
| ☐ I follow a specific way of eating | ☐ I take supplements |

FOOD ALLERGIES, INTOLERANCES, OR RESTRICTIONS

How Food Feels

Your perception matters as much as your plate.

1. My eating habits overall

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
<i>1 = need a lot of work</i>					<i>10 = working well</i>				

2. My energy stays steady through the day

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
<i>1 = crashes often</i>					<i>10 = steady and strong</i>				

3. My digestion feels

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
<i>1 = uncomfortable</i>					<i>10 = comfortable</i>				

4. My relationship with food is

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
<i>1 = stressful</i>					<i>10 = peaceful</i>				

5. How confident am I in knowing what to eat for my goals?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
<i>1 = not at all</i>					<i>10 = completely</i>				

6. What does a typical 'good' day of eating look like for you?

7. Foods I love, and foods I avoid:

8. Is there anything about food, eating, or how you feel about your body that you'd like me to know so I can support you well?

S Soften

Breathwork · Journaling · Prayer

A tense, overloaded nervous system makes it harder to move well, recover, and stay consistent. Softening helps your body feel safe enough to learn.

1. How often do you practice any form of conscious breathwork, even a few deep breaths with intention?

☐ Never
 ☐ A few times a month
 ☐ Weekly
 ☐ A few times a week
 ☐ Daily

2. When you feel overwhelmed, what does your body typically do first?

e.g. tight chest, shallow breathing, clenched jaw, racing thoughts, stomach drops

3. Do you have a regular journaling or reflection practice? If yes, describe it. If no, what's stopped you from starting one?

4. How connected do you feel to prayer, spirituality, or personal intention in your daily life?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 1 = disconnected 10 = deeply connected

5. After a stressful moment, how quickly does your body recover: minutes, hours, or does it linger for days?

6. What currently gets in the way of slowing down during your day?

GO DEEPER RIGHT NOW

Have you ever done 3-part conscious connected breathwork before?

[Book The Ultimate Breathwork Experience: \\$99 >](#)

S Sleep

Overnight Rest · Circadian Rhythm · Stress Management

Sleep is when your body repairs and your brain resets. It isn't recovery from the work. It's the condition that makes the work possible.

7. On average, how many hours of sleep do you get per night?

☐ Under 5 ☐ 5-6 ☐ 6-7 ☐ 7-8 ☐ 8 or more

8. How would you rate the overall quality of your sleep?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 1 = poor 10 = excellent

9. Do you have a consistent sleep and wake time, or does it shift day to day?

10. What does your evening routine look like in the hour before bed?

Screens, food, stress, caretaking responsibilities, etc.

11. Do you typically wake up feeling rested, or already tired?

☐ Rested ☐ Mostly rested ☐ Somewhat tired ☐ Already tired

12. What tends to keep you up at night, or wake you once you're asleep?

e.g. racing thoughts, physical discomfort, a child or family member, noise, anxiety

GO DEEPER RIGHT NOW

Have you ever worked with someone 1:1 to actually fix your sleep and stress response, not just manage it?

Book 1:1 Coaching: \$222/session >

S Stillness

Guided Meditation · Silent Practice · Reiki & Energetics

You can't hear your own body in a noisy mind. Stillness builds the awareness that makes every exercise land better.

13. Have you ever practiced meditation before? If so, what was that experience like for you?

14. How often do you sit in true stillness (no phone, no task, no noise), even for a few minutes?

☐

Never

☐

Rarely

☐

Weekly

☐

Most days

☐

Daily

15. When you try to sit still, what usually happens in your mind?

16. Have you had any experience with energy work (reiki, sound healing, breathwork circles)? What was it like?

17. How well do you know what you actually think and feel, separate from social media, comparison, or other people's opinions?

☐

1

1 = not well

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

8

☐

9

☐

10

10 = very well

18. What's your biggest fear, resistance, or hesitation around meditation or stillness practice?

GO DEEPER RIGHT NOW

Have you ever committed to a guided stillness practice for a full 12 weeks?

[From Crazy to Calm: 12-Week Stillness Challenge, \\$222 one-time >](#)

S Support

Community · Accountability · Customization

Nervous systems co-regulate. Consistency is easier when you're not carrying it alone.

19. Do you currently have a community or group of people who hold you accountable to your goals?

20. How comfortable are you asking for help when you need it?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
1 = very uncomfortable					10 = very comfortable				

21. Describe your current support system.

Family, friends, professional support, online community, etc.

22. Have you ever isolated yourself when things got hard, rather than reaching out? What does that pattern tend to look like for you?

23. What kind of support helps you most?

☐ Structure & accountability	☐ Emotional encouragement	☐ Hands-on guidance & customization
---	--	--

24. How connected do you currently feel to others who understand what you're working toward?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
1 = not connected					10 = very connected				

GO DEEPER RIGHT NOW

Do you have a weekly space where people actually hold you accountable to what you say you want?

The Crush It Content Crew: \$22/mo >

S Strength

Mobility & Joints · Muscle Strength · Conditioning

Movement releases the chemistry that drives motivation and clarity. Physical confidence shows up everywhere else in your life.

25. How would you describe your current relationship with movement or exercise?

e.g. avoidant, inconsistent, regular, structured

26. How does your body feel first thing in the morning, and at the end of a long day?

27. How quickly does your body recover after exercise or a demanding day?

1	2	3	4	5	6	7	8	9	10
<i>1 = very slowly</i>									<i>10 = quickly</i>

28. What does 'feeling strong' mean to you right now, in this season of your life?

29. What do you most want to be able to do with your body that you can't (or don't) right now?

30. How confident do you feel in your body's physical capability right now?

1	2	3	4	5	6	7	8	9	10
<i>1 = not confident</i>									<i>10 = very confident</i>

GO DEEPER RIGHT NOW

Have you ever followed a strength program built specifically for women, from the ground up?

Synchronize: Intro to Strength for Women, \$222 one-time >

S Sustain

Dense Nutrients · Natural Healing · Hydration

Your body runs on glucose, water, and micronutrients. You can't build strength from depletion.

31. How would you describe your eating habits on a typical day?

32. Do you often skip meals or eat on the go because of a busy schedule?

☐

Rarely

☐

Sometimes

☐

Often

☐

Most days

33. How do you currently support your body when you're feeling depleted or run down?

34. Have you noticed any patterns of inflammation, fatigue, or digestive discomfort? Describe what you've noticed, if anything.

35. How nourished does your body feel on most days?

☐

1

1 = depleted

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

8

☐

9

10 = deeply nourished

☐

10

36. What's one nutrition habit you'd most like to change or build?

GO DEEPER RIGHT NOW

Have you ever followed a real curriculum to fix your nutrition, not just another meal plan?

[Support Your Nutrition Curriculum: \\$222 one-time >](#)

A Few Final Questions

Connect the dots across all six pillars, and name what you're really building.

37. Of the six pillars, which one feels most out of balance for you right now?

☐ Soften ☐ Sleep ☐ Stillness ☐ Support ☐ Strength ☐ Sustain

38. Which pillar feels the strongest, or most already established in your life?

☐ Soften ☐ Sleep ☐ Stillness ☐ Support ☐ Strength ☐ Sustain

39. What does 'having your energy back' actually look like for you, specifically?

40. Where are you holding back right now: from starting, from asking for help, or from believing it's possible?

41. What are you hoping to build, change, or become through your training, twelve months from now?

42. Is there anything else you want to know or share, including anything that makes you nervous about starting?

How I'd like to stay in touch between sessions

☐ Text ☐ Email ☐ Phone call ☐ In person only

WHAT HAPPENS NEXT

You're Already Moving

Showing up honestly, before you feel ready, is the whole game.

1

Bring this intake to your assessment, or send it ahead of time.

2

Your trainer reviews your answers, notes the pillar you flagged as most out of balance, and checks for any health, injury, or readiness flags. That's usually where your first conversation begins.

3

Your Energy Score becomes your 'before.' We'll revisit it at your Month 3 and Month 6 check-ins to see how far your capacity has grown.

Acknowledgment

I confirm the information I've shared is accurate to the best of my knowledge. I understand I'll tell my trainer about any changes in my health, that I can pause or stop any exercise at any time, and that this intake is not medical advice.

SIGNATURE

DATE

INTERNAL USE NOTES (TRAINER ONLY)

Total the Energy Score and note the pillar flagged most out of balance. Review any Yes on the readiness questions, pain rated 7 or higher, recent injury or surgery, pregnancy or postpartum, and anything shared about food or body image. Keep on file for Month 3 and Month 6 check-ins.

TOTAL ENERGY SCORE

MOST OUT-OF-BALANCE PILLAR

FLAGS TO FOLLOW UP