

Client Information Questionnaire

Please complete and return to your Personal Trainer.

All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping your trainer develop a program that addresses your needs, goals, and is safe and effective.

Name: _____ Date of
Birth ____ / ____ / ____ Age: _____
M D Y

Address: _____
Street City State Zip Code

Phone: _____ (h)
_____ (Cell)

Email address:

Occupation:

Emergency Contact: _____

Relationship: _____ Phone

Number: _____

Physician's Name: _____ Physician's

Phone: _____

Type to enter text

Physician's
Address: _____

Street City State Zip Code

Your personal trainer will send information and seek clearance and instruction regarding your physical exercise program to your physician unless you request otherwise.

Please provide 24 hours notice if you need to cancel or reschedule your personal training appointment. If not provided, we will have to charge a missed appointment fee.

PAR-Q FORM Please mark YES or No to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? _____

Do you frequently have pains in your chest when you perform physical activity? _____

Have you had chest pain when you were not doing physical activity? _____

Do you lose your balance due to dizziness or do you ever lose consciousness? _____

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? _____

Are you pregnant now or have given birth within the last 6 months? _____

Have you had a recent surgery? _____

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for?

How does this medication affect your ability to exercise or achieve your fitness goals?

Lifestyle Related Questions:

1) Do you smoke? YES NO If yes, how many per day?

2) Do you drink alcohol? YES NO If yes, how many glasses per week? _____

3) How many hours do you regularly sleep at night?

4) Describe your job: Sedentary Active Physically Demanding?

5) Does your job require travel? YES NO

6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

7) List your 3 biggest sources of stress:

a. _____ b.

_____ c. _____

8) Do you regularly utilize the services of a massage therapist? YES NO

9) Is anyone in your family overweight? Mother Father Sibling Grandparent

10) Were you overweight as a child? YES NO If yes, at what age(s)? _____

Fitness History:

1) When were you in the best shape of your life?

2) Have you been exercising consistently for the past 3 months? YES NO

3) When did you first start thinking about getting in shape? _____

4) What if anything stopped you in the past?

5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

Nutrition Related Questions:

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____

2) How many times a day do you usually eat (including snacks)? _____

3) Do you skip meals? YES NO 4) Do you eat breakfast? YES NO

5) Do you eat late at night? Often Sometimes Rarely Never

6) What activities do you engage in while eating? (TV, reading etc) _____

7) How many glasses of water do you consume daily?

8) Do you feel drops in your energy levels throughout the day? YES NO If yes, when?_____

9) Do you know how many calories you eat per day? YES NO If yes, how many?_____

10) Are you currently or have you ever taken a multivitamin or any other food supplements? Y N
If yes, please list the supplements:

11) At work or school, do you usually: Eat out Bring food

12) How many times per week do you eat out?

13) Do you do your own grocery shopping? YES NO

14) Do you do your own cooking? YES NO

15) Besides hunger, what other reason(s) do you eat?

Boredom Social Stressed Tired Depressed
 Happy Nervous

16) Do you eat past the point of fullness? Often
Sometimes Rarely Never

17) Do you eat foods high in fat and sugar? Often
Sometimes Rarely Never

18) List 3 areas of your Nutrition you would like to improve:

a. _____

b. _____

c. _____

19) Would you like nutritional education or assistance from a professional coach? YES NO

Exercise Related Questions: Skip to next section if you are presently inactive.

1) How often do you take part in physical exercise?
5-7x/week 3-4x/week 1-2x/week

2) If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest Illness/Injury Lack of Time

Other _____

3) For how long have you been consistently physically active? _____

4) What activities are you presently involved in?
Cardio &/or Sports Frequency/Week Average Length
Easy/Mod/Hard

Is cardio conditioning an area that you would like us to help you with? YES NO

Strength Training Frequency/Week Average Length Easy/Mod/Hard

List exercises:

Would you like some assistance with your muscle conditioning program? YES NO

Realistically, how often a week would you like to exercise? _____x/week

Based on your commitment, how often would you like to see a trainer to help you achieve your goals?

3x/week 2x/week 1x/week 1x/two weeks 1x/month

Other: _____

What are the best days during the week for you to commit to your exercise program?

M T W T F S S

If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent, etc.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
SATURDAY SUNDAY

Goal Setting:

1. How can we best help you? Please check that which applies.

Lose Body Fat Develop Muscle Tone Rehabilitate an Injury Nutrition Education

Start an Exercise Program Design a more advanced program Safety

Sports Specific Training Increase Muscle Size Fun Motivation

Other _____

2. How important is it for you to achieve these goals?

Very Semi Not very

3. How long have you been thinking about achieving these goals? _____

4. How will you feel once you've achieved these goals?
Be specific.

5. Where do you rate health in your life? Low priority
 Medium Priority High priority

6. What do you think is the most important thing your
Personal Trainer can do to help you achieve
your fitness goals?

7. Outline what you feel are the obstacles or your
potential actions, behaviors, or activities that could
impede your progress towards accomplishing your goals
(i.e. not training consistently, upcoming

vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise, etc.).

8. Outline 3 methods that you plan to use to overcome these obstacles:

a. _____ b.

_____ c. _____

Miscellaneous Questions:

1. How did you hear about us? Please check applicable source.

Website Postcard Groupon Drop-in

Facebook

Word of Mouth Referral - Who?

Newspaper/Magazine Column or Ad - Which one?

Flier in local business - Where?

Chamber of Commerce/Networking Event

Other _____

2. Why did you choose to train with Eightlimfit? Please check that which applies.

Personal Trainers Cost Customer Service

Word of Mouth Referral

Programs You heard we were the best You know we are going to produce results

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in the exercise and training program offered by Eightlimfit. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk and against recommendation of Eightlimfit. I also agree to provide Eightlimfit with my physician's contact information so that Eightlimfit may receive direct clearance and program recommendation/limitations from my physician. I further agree that Eightlimfit, Mishell Elliston shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program and I expressly release and discharge Eightlimfit, Mishell Elliston or

employees, agents and/or assigns from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns. I have read and understand this term: _____(initial)

2) I understand that Eightlimfit will make every reasonable effort to preserve the privacy of the information contained in this Client Information Questionnaire. I further agree that Eightlimfit shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Information Questionnaire and I expressly release and discharge Eightlimfit its owners, employees, agents and/or assigns from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Information Questionnaire. This release shall be binding upon my heirs, executors, administrators and assigns. I have read and understand this term: _____(initial)

3) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is requested if I have answered “Yes” to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform all employees of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____(initial)

4) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer, or alternate staff.

I have read and understand this term: _____(initial)

5) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____(initial)

6) I understand that all Private Personal Training rates are based on 60 minute sessions and should I arrive late, I will not receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

I have read and understand this term: _____(initial)

7) I understand Eightlimfit bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Credit cards, cash, and checks made payable to EightlimFit are all accepted. I understand that all Personal Training sessions are non-transferable and nonrefundable.

I also understand that all Private Personal Training sessions must be redeemed within one year of purchase.

I have read and understand this term: _____(initial)

8) I understand that Eightlimfit operates on a scheduled appointment basis for all sessions and thus requires that I provide 24 hours' notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours' notice given. Should I cancel a session with LESS than 24 hours' prior notice, I will be charged in full for that session. It is recommended that all cancelled sessions be rescheduled to ensure consistency and progress.

I have read and understand this term: _____(initial)

9) I understand that during a Personal Training or Group Training session, my trainer/instructor may have to touch my muscles or joints to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with this form of touch, I will immediately request that it be discontinued.

I have read and understand this term: _____(initial)

10) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer or any other Eightlimfit staff member.

I have read and understand this term: _____(initial)

11) I understand that should my Personal Trainer become ill or is away on holiday, another trainer will be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my Personal Trainer is no longer employed by Eightlimfit a suitable Personal Trainer will be reassigned to oversee my program and workout sessions.

I have read and understand this term: _____(initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT DATE

GUARDIAN’S SIGNATURE DATE

Required for clients 17 years old and younger

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