

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:

_____ 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.

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

YES or 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 nonprescription, 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? Circle the ones that apply: Boredom Social Stressed Tired Depressed Happy Nervous

16) Do you eat past the point of fullness? Circle the ones that apply: Often
Sometimes Rarely Never

17) Do you eat foods high in fat and sugar? Circle the ones that
apply: 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? Please circle one:
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? Please circle one 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.

This agreement is a partnership between myself, the coach, and you, the client.

My role:

I will listen, question and give feedback. I will assess where you are now and where you have come from. I will support you in setting your goals and taking action steps towards achieving them.

We can't guarantee results in life as these are dependent upon us creating the changes we need to achieve them. I will do my best to help you reach the goals you set for yourself, but the ultimate responsibility lies with you taking responsibility for the success you want.

I will ask you to work on various issues between sessions by assigning thought-provoking and inspiring journal assignments, action items, and other coaching tools. It is your decision to carry out these coaching requests or not.

Developing trust is of the utmost importance and trust can't be developed without confidentiality. Please know, anything you share with me will be kept strictly confidential.

Your role:

To help identify what you want to achieve from each session I ask that prior to each session you please complete a Coaching Plan (you can submit this easily via e-mail , I will provide forms).

After each session please complete the Follow Up form. This will help affirm the action you have agreed to take.

Make your coaching a priority in your life. Make sure you give yourself time each week to complete coaching requests.

Acknowledge that you are committed to moving forward to a more positive life. You are taking responsibility for the effects of your thoughts, feelings and actions, and recognize that blaming others is not helpful.

Be open to play, experimentation and trying something new. Be willing to look at your patterns and beliefs and change what isn't working. Don't expect to get the answers right away, but instead be willing to play around with what works and what doesn't work for you.

Payment:

Fees are based on the coaching package you have purchased. Payment is made online before coaching begins. All payments will be followed by an receipt as proof of payment.

Cancellation of coaching agreement:

You can cancel payment for this coaching package for up to 30 days after purchase as long as you have NOT accepted the agreement (which activates the coaching). If you have purchased a packaged coaching package, you may cancel at any time by a written notice within 30 days of purchase. If a session has happened then there is a credit issued. To be used for any service we offer.

Disclaimer:

I will work with you to help you move forward with issues relating to goal achievement, and finding greater fulfillment in your working and personal life. I am qualified as a life coach in these matters and agree to provide coaching services to you.

You acknowledge that I have no special training or qualification as a licensed professional psychiatrist, counselor, financial advisor, doctor, business expert or the like. I am not qualified to diagnose any medical condition or provide psychological counseling, behavioral counseling or psychotherapy/psychoanalysis.

I have read and agree to the terms of the above agreement.

Printed Name

Signature

Date Signed