

CLIENT INFORMATION
QUESTIONNAIRE

Please complete and return to your Personal Trainer at least 2 days prior to your first scheduled session.

ASSESSING YOUR NEEDS: 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 interests and is safe and effective.

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

Address: _____
Street City Province Postal Code

Phone: _____ (h) _____ (o) _____ (fax)

Email address: _____

Occupation: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____

Street City Province Postal Code

Why did you decide to invest in Personal Training? 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 _____

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?

If you answered YES to one or more questions:

o Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment or program. Tell your doctor

about the PAR-Q

and which questions you answered YES.

o You may be able to do any activity you want-as long as you start slowly and build up gradually. Or,

you may need to restrict your activities to those that are safe for you. Talk with your doctor about

kinds of activities you wish to participate in and follow his/her advice.

o Find out which community programs are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

o Start becoming much more physically active-begin slowly and build up gradually. This is the safest

and easiest way to go.

o Take part in a fitness assessment-this is an excellent way to determine your basic fitness so that

you can plan the best way for you to live actively. It is also highly recommended that you have your

blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start

becoming much more physically active.

Lifestyle Related Questions:

- 1) Do you smoke? YES NO If yes, how many? _____
- 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) Is anyone in your family overweight? Mother Father Sibling Grandparent
- 9) 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)? _____

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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? Sometimes Often 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:

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- 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 Never
- 17) Do you eat foods high in fat and sugar? Often Sometimes Never
- 18) List 3 areas of your Nutrition you would like to improve:
 a. _____ b. _____
 c. _____

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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) How long have you been consistently physically active for? _____
- 4) What activities are you presently involved in?
 Cardio &/or Sports Frequency/Week Average Length Easy/Mod/Hard

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

List

exercises: _____

Stretching Frequency/Week Average Length

Developing your Fitness Program:

- Please circle how you prefer to exercise:
 - INSIDE OUTSIDE COMBINATION
 - LARGE GROUPS SMALL GROUPS ALONE COMBINATION
 - MORNING AFTERNOON EVENING
 - HOME GYM
- Realistically, how often a week would you like to exercise? _____x/week
- Realistically, how much time would you like to spend during each exercise session?

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

Goal Setting:

In order to increase your chances of being successful at achieving your goals, a certain protocol

should be followed. Please ensure all your goals are 'SMART'.

S= Specific (Provide details, how long, how much etc.)

M= Measurable (How will you measure whether you've reached your goals)

A= Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12

months?

a) _____

b) _____

c) _____

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

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

4. How committed are you to achieving your fitness goals? Very Semi Not very

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

6. 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.).

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

a. _____ b.

_____ c. _____

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in the exercise and training program offered by Natasha Frost. 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. I agree that Natasha Frost shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Natasha Frost 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 the gross negligence or 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 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 has been attained 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 my Personal Trainer 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)

3) 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.

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

4) 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)

CLIENT:

PERSONAL TRAINER:

DATE:



PERSONAL TRAINING AGREEMENT

Dear client,

The purpose of this agreement is to improve performance. I aim to create programs to assist you in reaching your goals regardless of your exercise background. Your personal training sessions will be designed to provide you with the proper means to achieve your desired results.

I am very proud of the clients I train, and have very high expectations for them. At the same time , I stress that as a client you are ultimately responsible for your own achievements.

Please be aware that commitment and attendance are necessary to reach your goals, so I operate 24 hour cancellation policy. If a session is cancelled within 24 hours, the full session will be counted.

To be sure to get the most out of your personal training experience, I ask that you sign this agreement, stating that you're committed to improving performance and are willing to give maximum effort and be honest with yourself so that we may strive for excellence together.

***REMEMBER RESULTS AREN'T GUARANTEED THEY'RE EARNED!**

Client's Signature: _____

Trainer's Signature: _____