



CLIENT INFORMATION

All information will be held in strict confidence.

Name: _____ Date: _____

Address: _____

Telephone: _____ (H) _____ (B)

E-mail: _____ (H) _____ (B)

Preferred means of contact: home telephone business telephone e-mail any

Occupation: _____

Date of birth: _____ Height: _____ Weight: _____

1. Please describe your health concerns, if any, below:

Health Concern/Surgery	Date (approximate)	Related Exercise Limitations
<i>e.g., knee surgery (right)</i>	<i>December 1998</i>	<i>no running or squats; some stretches uncomfortable</i>

2. Please list the health professionals with whom you are presently consulting, if any:

Health Professional	Health Concern	General Recommendations
<i>e.g., massage therapist</i>	<i>back and neck tension</i>	<i>daily stretching, Obus Forme back support at desk/in car</i>

3. Do you take any prescription or non-prescription medication on a regular basis or with high frequency? yes no

Reason for medication: _____

Pharmaceutical name: _____

Frequency: _____

Dosage: _____

4. How do you describe your understanding of "healthy eating habits"?

excellent

good

fair

poor

very poor

5. How do you describe your current eating habits?

excellent

good

fair

poor

very poor

6. Do you smoke? yes no occasionally

7. Describe your current exercise regime, if any. (e.g., walk the dog 3x per week; swim 2x a week)

8. Describe your past exercise regime, if any. (e.g., belonged to a tennis club from '97 – '98 and played 2x per week.)

9. What exercise equipment do you own or have access to, if any?

10. Do you know what type of cardiovascular activity (i.e. walking, running, cycling, rowing, cross-country skiing etc.) you would like to include in your exercise program? If yes, please specify.

11. What are your long-range health and fitness goals?

12. Why have you decided to hire a personal trainer?

13. How would you describe yourself to someone who has never met you?

14. What is/are the most important thing(s) that I can do to help you achieve your fitness goals?

15. What additional information about yourself can you provide that will assist me in developing a successful exercise program for you?

Thank you!

INFORMED CONSENT

I, _____ have enrolled in a program of strenuous physical activity including but not limited to aerobic conditioning, weight training and stretching. I hereby affirm that I am in healthy condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

I consideration of my participation in an exercise program with *Custom Fit Personal Training*, I myself, my heirs and assigns, hereby release *Custom Fit Personal Training* and *Barb Gormley* from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I can injure myself as a result of my participation in an exercise program and I thereby release *Custom Fit Personal Training* and *Barb Gormley* from any liability now or in the future including but not limited to muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back/foot injuries, heart attacks, death and any other illness, soreness or injury however caused, occurring during or after my participation in the exercise program.

I am committed to making a positive change in my health through my participation in this program. I understand that certain elements of this program can be physically demanding and that I will need to change various aspects of my lifestyle in order to realize the goals I have set for this program.

I hereby affirm that I have read and fully understood the above information.

Signature

Date

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

The answers to the following questions identify those for whom physical activity might be inappropriate and those who should seek medical advice prior to commencing an exercise program.

Read the following questions. Write *yes* or *no* beside each question.

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Do you know of any other reason why you should not participate in physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Do you feel pain in your chest when you do physical activity?

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature

Date

POLICIES

Cancellations

- If you are unable to attend a pre-arranged appointment, please provide at least 24-hours notice. This allows me time to contact other clients to give them the opportunity to use your time slot.

Fees

- All exercise sessions are approximately 60 minutes at a rate of \$70.00.
- Payment of fees is arranged on an individual basis.