Name: Date of Birth: Age:

Address:

Phone: Email:

Occupation:

Emergency Contact: Phone:

Relationship:

Physicians Name: Phone:

**PLEASE ALLOW 24 HOUR NOTICE IF APPOINTMENT NEEDs TO BE CANCELED OR RESCHEDULED**

# PERSONAL INFO:

What made you consider training?

What is your primary goal?

What are your favorite activities?

On a scale of 1-10, how would you rate your current fitness level (1=worst, 10=best)?

|  |  |
| --- | --- |
| **HEALTH ~ PAR-Q FORM: Please mark Y or N to the following: YES**  - Has your physician ever said that you have a heart condition and that you should only do | **NO** |
| physical activity recommended by a doctor? |  |
| - Has a physician ever placed any restrictions on your activities?  If yes, please explain:  - Do you feel pain in your chest when you do 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, 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 six months? |  |
| - Have you had a recent surgery? |  |
| * Do you take any medications, either prescription or non-prescription, on a regular basis? * What is the medication for? |  |
| - Do you know of any other reason why you should not do physical activity? |  |

If you marked yes to any of the above, please explain below:

**LIFESTYLE RELATED:**

Do you smoke? Yes No If yes, how many per day?

Do you drink alcohol? Yes No If yes, how much per week?

How many hours do you regularly sleep at night?

Describe your job: Sedentary Active Physically Demanding

Does your job require you to travel? Yes No

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

List your 3 biggest sources of stress

1. b. c.



Do you regularly use the services of a massage therapist? Yes No Chiropractor? Yes No

Is anyone in your family overweight?

Were you overweight as a child?

# DEVELOPING YOUR FITNESS PROGRAM:

How often do you take part in physical exercise? per week duration

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:

What activities are you presently involved in?

|  |  |
| --- | --- |
| Cardio / Movement |  |
| Strength Training / Pilates |  |
| Stretching / Yoga |  |
| Sports and/or outdoor activities |  |
| Other |  |

Which area would you like the most assistance with?

Realistically, how often would you like to exercise? per week

Realistically, how much time would you like to spend during each exercise session?











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 2x/month 1x/month

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













M T W Th F Sat Sun







What are the best times for you to exercise? Morning Afternoon Evening

If you could design your own exercise program, what would an ideal training week look like? Be specific.

What would you ultimately like to learn from a trainer/these sessions?

# GOAL SETTING:

How can I help you? Please circle all that apply:









Lose Body Fat Develop Muscle Tone Reduce Stress Rehabilitate an Injury







Nutrition Education Start an Exercise Program Design a More Advanced Program







Sports Specific Training Motivation Fun Training for an Event









Improve Strength Gain Muscle Mass Improve Self-Confidence

Decrease Health Metrics (BP, Cholesterol, Glucose, etc.)

Other

In order to increase your chances of being successful at achieving your goals, ensure your goals are “SMART”

S=Specific (provide details, how much, how long, etc)

M=Measurable (how will you measure when you’ve reached your goals)

A=Attainable (be realistic, set smaller goals)

R=Rewards-based (attach a reward to each goal)

T=Time (set specific dates for goals)

Please list in order of priority, the goals you would like to achieve in the next 3-12 months:



How important is it for you to achieve these goals? Not important Semi-important Very important

How long have you been thinking about these goals?

How will you feel once you have achieved these goals?





Where do you rate health in your life? Unhealthy Average Good









Where does your significant other/family rate health in their lives? Unhealthy Average Good

What do you think is the most important thing your trainer can do to help you achieve these goals?

List what you feel are the obstacles or potential actions, behaviors or activities that could impede your progress towards accomplishing your goals?

List three methods that you plan to use to overcome these obstacles







1. b. c.

**NUTRITION:**



On a scale from 1-5, how would you rate your nutrition (1=poor, 5=excellent)?



How many times throughout the day you eat?









Do you skip meals? Yes No Do you eat breakfast? Yes No





Do you eat late at night? Yes No

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







How many glasses of water do you consume daily?





Do you have decreased energy throughout the day or changes in mood? Yes No

What kinds of food do you regularly eat?









Do you know how many calories you consume in a day? Yes No If yes, how many?

Have you ever tracked your food intake (i.e. food diary)? Yes No





Are you currently taking a multi-vitamin or any other supplements? Yes No







How often do you eat out on a weekly basis?









Do you do your own cooking? Yes No Do you do your own grocery shopping? Yes No Besides hunger, what other reasons do you eat?















Bored Social Stressed Tired Depressed Happy Nervous





Do you eat mostly processed food or freshly prepared food? Processed Fresh





|  |  |
| --- | --- |
| Do you eat foods high in fat and sugar? | Yes No |
| Do you eat past the point of fullness? Yes | No Do you prefer salty or sugary foods? Salty Sugary |
| Do you read nutrition labels? Yes No | If so, what do you look at? |

List three areas that you would like to improve in the nutrition area:







a. b. c.

# Miscellaneous

Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent to being physically active or working with a personal trainer.











Participant Release and Acknowledgement of Agreement



I, , wish to participate in the exercise and training program offered by 1COR6:19 FITNESS, LLC. I understand there are inherent risks in participating in a program of strenuous exercise. If I choose not to see a physician prior to beginning the fitness program, I do so strictly at my own risk. I also agree to provide 1COR6:19 FITNESS, LLC with my physician’s contact information so that 1COR6:19 FITNESS, LLC may receive direct clearance and program recommendations/limitations from my physician, if need be. I further agree that 1COR6:19 FITNESS, LLC shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors or in any fitness facility), and I expressly release and discharge 1COR6:19 FITNESS, LLC 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)

I understand that 1COR6:19 FITNESS, LLC will make every reasonable effort to preserve the privacy of the information contained in this Client Intake Form. I further agree that 1COR6:19 FITNESS, LLC shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Intake Form and I expressly release and discharge 1COR6:19 FITNESS, LLC 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 Intake Form. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: (initial)

I certify that the answers to the questions outlined on the PAR-Q from 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

1COR6:19 FITNESS, LLC of any condition or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: (initial)

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 participations 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 1COR6:19 FITNESS, LLC.

I have read and understand this term: (initial)

I understand that 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 signature: Date: