



Personal Training Client Information Questionnaire

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:		DOB:
Address:		
Phone:	Email:	
Physician:	Emergency Contact:	

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 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?
(diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)

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

Have you had any surgery in the last 3 months?

If you marked YES to any of the above, please explain 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? _____
- 2) Do you drink alcohol? YES NO If yes, how many per week? _____
- 3) How many hours do you regularly sleep at night? _____
- 4) Describe your job: _____
- 5) Does your job require frequent travel? _____
- 6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

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

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

Developing your Fitness Program:

- 1) Please circle how you prefer to exercise:
- a) INSIDE OUTSIDE COMBINATION
- b) ALONE SMALL GROUP LARGE GROUP COMBINATION
- c) MORNING AFTERNOON EVENING
- 2) Realistically, how often a week would you like to exercise?
- 3) Realistically, how much time would you like to spend during each exercise session?
- 4) What are the best days of the week for you to commit to your exercise program?
- M T W TH F SA SU

How can a Personal Trainer help you? Circle all that apply

- Lose Body Fat Develop Muscle Tone Rehabilitate an Injury Safety
- Nutrition Education Start an Exercise Program Design an Advanced Program
- Increase Muscle Size Fun Motivation Other

Goal Setting:

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

- a) _____
- b) _____
- c) _____

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)

Trainer Use:

PARTICIPENT RELEASE AND KNOWLEDGE OF AGREEMENT

I, _____, wish to participate in the exercise and training program offered by The Studio LLC, Personal Training. I understand there are inherent risks in participating in a program of strenuous exercise. I agree that The Studio, LLC OR Lisa Roberts shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility). I expressly and fully release and discharge The Studio, LLC OR Lisa Roberts 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. This Release shall be binding upon my heirs, executors, administrators and assigns.

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

I certify that the answers to the questions outlined on the Client Information Questionnaire are true and complete to the best of my knowledge. 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 acknowledge 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 participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience any pain or discomfort, I am to stop the activity and inform my Personal Trainer.

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

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 acknowledge this term: _____ (initial)

I understand that during a personal training session, my trainer may have to use Touch Training 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 Touch Training, I will immediately request that my trainer discontinue using this technique.

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

I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed to me by my Personal Trainer. I understand that all workouts and meal plans are specific to me and my goals, I will not share my specific workouts or meal plans with other people that are not clients of Lisa Roberts.

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

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

Name

Signature and Date

Personal Trainer Signature and Date