CLIENT INFORMATION QUESTIONNAIRE

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

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:_____
M D Y

Address:_____
Street City State Zip Code

Phone: _____(h) _____(o) _____(c)

Email address: _____

Occupation:_____

Emergency Contact: _____ Relationship: _____

Phone Number:_____

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

Physician's Address:_____
Street City State Zip Code

Ms. Myra Fitness, LLC
www.msmyrafitness.com
(503) 332-9808
(352) 760-1051

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?

_____

_____

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)?_____

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:
_____
_____

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._____

Goal Setting:

How can a Personal Trainer 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_____

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 we 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 Ms. Myra Fitness. 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 Ms Myra Fitness, LLC 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) and I expressly release and discharge Ms. Myra Fitness, LLC, its owners, employees, agents and/or assigns, 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 is required 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)

5) I understand that Ms. Myra Fitness bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Credit cards, cash, and checks made payable to Progress Fitness are all accepted. I understand that all Personal Training sessions are non-refundable.
   I have read and understand this term:_____(initial)

5) I understand that Ms. Myra Fitness operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 24 hours notice

when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session without 24 hours prior notice, I will be charged in full for that session. I understand that Progress Fitness recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

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

6) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

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

7) I understand that Ms. Myra Fitness photographs many of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes.

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

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

_____	_____
CLIENT	PERSONAL TRAINER
_____	_____
DATE	DATE