



## Client Information Form

*Please complete and return to your Personal Trainer by 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:	_____
Address:	_____				
Phone: (H)	_____	(C)	_____	(F)	_____
Email address:	_____				
Emergency Contact:	_____				
Relationship:	_____	Phone Number:	_____		
Occupation:	_____				
Physician's Name:	_____	Physician's Phone:	_____		
Physician's Address:	_____				

**Please provide 24 hours notice if you need to cancel or reschedule your Personal Training appointment or you will be charged the full amount.**

# 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 <b>YES</b> to any of the above, please elaborate below:		

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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?

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## 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) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? \_\_\_\_\_

2) When were you in the best shape of your life? \_\_\_\_\_

3) Have you been exercising consistently for the past 3 months?      YES      NO

4) When did you first start thinking about getting in shape? \_\_\_\_\_

5) What if anything stopped you in the past? \_\_\_\_\_

### **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?      YES      NO  
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? Check all that apply-

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: \_\_\_\_\_

**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
_____	_____	_____

5) Please check all the activities that interest you:

Aerobic Fitness Classes  
 Baseball  
 Basketball  
 Boxing  
 Cross Country Skiing  
 Football  
 Golf  
 Group Personal Training  
 Hiking  
 Ice Skating  
 Indoor Cycling

Kayaking  
 Partner Training  
 Pilates  
 Private Personal  
 Training  
 Racquetball  
 Rock Climbing  
 Running  
 Skiing  
 Snowboarding  
 Snowshoeing

Soccer  
 Swimming  
 Tennis  
 Triathlon  
 Volleyball  
 Walking  
 Wallyball  
 White Water Rafting  
 Yoga

**Developing your Fitness Program:**

1. Please check how you prefer to exercise:

- a)     Inside                      Outside                      Combination
- b)     Large Groups              Small Groups              Alone              Combination
- c)     Morning                      Afternoon                      Evening

2. Realistically, how often a week would you like to exercise? \_\_\_\_\_ X / Week

3. Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_ Hrs. / Week

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

M              T              W              T              F              S              S

5. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

# Goal Setting:

How can a Personal Trainer help you? Please check that which applies.

Design a more advanced program  
Develop Muscle Tone  
Fun  
Increase Muscle Size  
Lose Body Fat  
Motivation

Nutrition Education  
Rehabilitate an Injury  
Safety  
Sports Specific Training  
Start an Exercise Program  
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.

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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?

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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.).

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

A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_

### Miscellaneous Questions:

1. How did you hear about **New Star Fitness & Nutrition**? Please check that which applies.

AARP Fitness & Wellness Program  
Facebook  
Family Member  
Findmytrainer.com  
Friend  
Instagram

LinkedIn  
Twitter  
Web  
Word of Mouth  
YourTrainer.com  
Other \_\_\_\_\_

2. If you were referred to us, who told you about our services?

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3. Why did you choose to train with **New Star Fitness & Nutrition** instead of another organization? Please check that which applies.

Location  
Personal Trainers  
Cost  
Customer Service

Word of Mouth  
Programs  
Other \_\_\_\_\_

4. How far do you live from our training studio? \_\_\_\_\_ miles

5. Which newspaper(s) do you read? \_\_\_\_\_

6. Which radio station(s) do you listen to? \_\_\_\_\_

7. Which local magazine(s) do you read? \_\_\_\_\_

8. Which local morning TV show do you watch? \_\_\_\_\_

9. What would cause you to discontinue training with **New Star Fitness & Nutrition**?

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At **New Star Fitness & Nutrition** we rely on happy clients telling others about our services. We both may be able to make a huge difference in somebody's life. Please take the time to jot down the names of 2 friends who you would like to offer a complimentary consultation to. Once you discuss this with them, we'll call them and book them for their first session.

Name

Phone

i. \_\_\_\_\_

\_\_\_\_\_

ii. \_\_\_\_\_

\_\_\_\_\_

## **PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

- 1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by **New Star Fitness & Nutrition**. 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 **New Star Fitness & Nutrition** 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 **New Star Fitness & Nutrition** and 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 all Personal Training rates are based on 60-minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 6) I understand that **New Star Fitness & Nutrition** 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 **New Star Fitness & Nutrition** are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Personal Training sessions must be redeemed within one year of purchase.

**I have read and understand this term: \_\_\_\_\_(initial)**

7) I understand that **New Star Fitness & Nutrition** 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 100% for that session. I understand that **New Star Fitness & Nutrition** recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

**I have read and understand this term: \_\_\_\_\_(initial)**

8) 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 understand this term: \_\_\_\_\_(initial)**

9) 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)**

10) I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me. I will receive a workout program to continue until they return so that my fitness progress does not suffer. I also understand that in the event that **New Star Fitness & Nutrition** no longer employs my Personal Trainer, a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

**I have read and understand this term: \_\_\_\_\_(initial)**

11) I understand that **New Star Fitness & Nutrition** 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Trainer

\_\_\_\_\_  
Date