

## Client Information

All information received on this form will be treated as strictly confidential. Please fill out the form **completely and accurately**. This information is essential to helping your trainer develop a competent personalized exercise program.

We look forward to partnering with you in making this serious commitment to yourself.

Name: _____	Date of Birth: ____/____/____	Age: _____	
Street Address: _____	City: _____	Zip: _____	
Phone: (home) _____	(work) _____	(mobile) _____	
Occupation: _____	Employer: _____		
Emergency Contact: (name, phone number, relationship) _____			
Physician: (name) _____ (phone number) _____			
How did you hear about us? Please check all that apply.			
H Mail	Word of Mouth	Bellsouth Yellow Pages	Health & Healing
Saw Us Driving By	Radio	Health Fair	Client Referral
Physician Referral	Google Internet Search	Yahoo Internet Search	Website
Other: _____			
If you were referred please list the person who referred you: _____			
Why did you choose to train with PHASE II instead of another organization? Please check all that apply.			
WLocation	Personal Trainers	Word of Mouth	Cost
Customer Service	Other: _____		

**Please provide 24 hours advanced notice if you need to cancel or reschedule an appointment.**

## PAR-Q

Please mark YES or NO to the following:

YES NO

Has your doctor ever said 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, 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:

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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? \_\_\_\_\_

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## LIFESTYLE

1. Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many per day? \_\_\_\_\_
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:  
\_\_\_\_\_
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)? \_\_\_\_\_

## FAMILY 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

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? \_\_\_ Often \_\_\_ Sometimes \_\_\_ Rarely \_\_\_ 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 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 them: \_\_\_\_\_  
\_\_\_\_\_
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 \_\_\_ Rarely \_\_\_ Never
17. Do you eat foods high in fat and sugar? \_\_\_ Often \_\_\_ Sometimes \_\_\_ Rarely \_\_\_ Never
18. List 3 areas of your nutrition you would like to improve:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXERCISE

(If you are presently inactive, skip to the next section)

1. How often do you take part in physical activity? \_\_\_ 5-7 times/week \_\_\_ 3-4 times/week \_\_\_ 1-2 times/week
2. If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest     Illness or Injury     Lack of Time     Other: \_\_\_\_\_

3. How long have you been consistently physically active? \_\_\_\_\_

4. What activities are you presently involved in?

Cardio and/or Sports	Frequency Per Week	Average Length	Easy, Moderate, or Hard

Strength Training	Frequency Per Week	Average Length	Easy, Moderate, or Hard

Stretching	Frequency Per Week	Average Length

5. Please check all activities that interest you:

Aerobics classes     Tennis     Hiking     Yoga     Pilates     Biking

Running     Golf     Swimming     Basketball     Triathlon

Other: \_\_\_\_\_

## DEVELOPING YOUR FITNESS PROGRAM

1. Please check how and when you prefer to exercise:

Large groups     Small groups     Alone

Morning     Afternoon     Evening

2. Realistically, how many times a week would you like to exercise? \_\_\_\_\_

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

4. Based on your commitment, how often would you like to see a trainer to help you achieve your goals?

3 times/week     2 times/week     1 time/week     1 time every 2 weeks     1 time/month

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

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

## GOAL SETTING

1. How can a Personal Trainer help you? Please check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lose body fat       | <input type="checkbox"/> Develop muscle tone       | <input type="checkbox"/> Rehabilitate an injury         |
| <input type="checkbox"/> Nutrition education | <input type="checkbox"/> Start an exercise program | <input type="checkbox"/> Design a more advanced program |
| <input type="checkbox"/> Safety              | <input type="checkbox"/> Sports Specific Training  | <input type="checkbox"/> Increase muscle size           |
| <input type="checkbox"/> Motivation          | <input type="checkbox"/> Other: _____              |   |

2. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

\_\_\_\_\_

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

4. How will you feel once you've achieved these goals? Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Where do you rate health in your life?  Low Priority  Medium Priority  High Priority

6. How committed are you to achieving your fitness goals?  Very  Semi  Not Very

7. What do you think the most important things your Personal Trainer can do to help you achieve your fitness goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. 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.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Phase II Exercise Inc.. 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 Phase II Exercise Inc. 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 Phase II Exercise Inc., 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.  
\_\_\_\_\_(initial)

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 ongoing, which might affect my ability to exercise safely and with minimal risk of injury. \_\_\_\_\_(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 pain or discomfort, I am to stop the activity and inform my Personal Trainer. \_\_\_\_\_(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. \_\_\_\_\_(initial)

I understand that all Personal Training rates are based on 30-40 minute sessions or 50-60 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 my session, I will still receive the full session time. \_\_\_\_\_(initial)

I understand that Phase II Exercise Inc. 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 Phase II Personal Training are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within one year of purchase. \_\_\_\_\_(initial)

I understand that Phase II Exercise Inc. 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 with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that Phase II Exercise Inc. recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress. \_\_\_\_\_(initial)

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

I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my Personal Trainer is no longer trains at Phase II Exercise Inc., a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions. \_\_\_\_\_(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 Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_