**PERSONAL TRAINING CLIENT PROFILE AND HEALTH HISTORY**

Dear New Client,

Thank you for taking the time to fill out this most valuable client profile and health history. While I realize it is time consuming and a lot of information to share, please understand that this will help me to know you better so that I can design the best possible training program. While the more complete the questionnaire is, the better I can do my job, if there are any questions that you feel uncomfortable answering, I do understand and will do my best to work around it. Please make every effort to provide the most accurate information that you can.

Thank you again,

Sarah

Personal Information:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: (please circle) Male Female Age: \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell/Work (please circle)

Phone Number 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell/Work (please circle)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way to contact: Phone/Text/Email (please circle)

Marital Status: (please circle) single married divorced widowed other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children: (ages, gender) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History: (you will also be asked to complete a more detailed Physical Activity Readiness Questionnaire)

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Have you been cleared by a physician to exercise? |  |  |
| Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol, cancer, lung or breathing problem (e.g., asthma, bronchitis, COPD), diabetes, or another? If yes, please explain: |  |  |
| Do any of the aforementioned conditions run in your family?If yes, please explain: |  |  |
| Are you currently under the care of a physician for any other conditions not listed above?If yes, please explain:  |  |  |
| Are you currently taking any medications?If yes, name of medication and reason: |  |  |

Blood pressure (if known): \_\_\_\_\_\_\_\_\_ Cholesterol level (if known):\_\_\_\_\_\_\_\_\_ Blood sugar level (if known): \_\_\_\_\_\_\_\_\_

Have you ever personally experienced any of the following health-related difficulties? (please check all that apply and explain below)

\_\_\_\_\_ Shortness of breath NOT related to working out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Dizziness/feeling faint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Irregular heart beat or pulse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Chest pains \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Major illnesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Major surgeries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Spinal injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Bone injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Joint injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Disabilities that might affect your training program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Smoking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Difficulty reaching or maintaining desirable body weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: (if you are a homemaker/stay-at-home parent, please answer these questions relevant to that situation)

Briefly describe what you do for a living: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_\_\_ hours Any flexible hours? Yes No

Do you spend more than 25% of work time doing the following (mark all that apply)?

\_\_\_\_ Sitting at a desk \_\_\_\_\_ Lifting/carrying loads \_\_\_\_\_ Standing \_\_\_\_\_ Driving \_\_\_\_\_ Walking

Does your job require extended periods of repetitive movements? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your occupation require you to wear shoes with a heel (dress shoes)? Yes No

How far do you work from home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lifestyle/Behavioral:

How many hours do you regularly sleep each night? \_\_\_\_\_\_\_\_\_\_ How well? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you partake in any recreational activities (e.g., golf, tennis, skiing, etc.)? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any hobbies (e.g., reading, gardening, working on cars, etc.)? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate your stress level on a scale of 1-10 (1 = low, 10 = high): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your biggest sources of stress? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you deal with your stress? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fitness Goals, History, and Activity:

Which of the following reasons describe why are you invested in *personal training*? (check all that apply)

\_\_\_\_\_ Start an exercise program

\_\_\_\_\_ Safety, correct form

\_\_\_\_\_ Motivation

\_\_\_\_\_ Design a more advanced exercise program

\_\_\_\_\_ Lose body fat

\_\_\_\_\_ Gain muscle tone

\_\_\_\_\_ Increase muscle size

\_\_\_\_\_ Gain weight

\_\_\_\_\_ Sports-specific training

\_\_\_\_\_ Rehabilitation for an injury

\_\_\_\_\_ Special needs training (heart disease, diabetes, arthritis, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate the importance of each of the following *exercise benefits* to you (1-10, 1 = not all important/interested, 10 = extremely important/interested):

\_\_\_\_\_ Improve cardiovascular fitness

\_\_\_\_\_ Increase muscular strength

\_\_\_\_\_ Body fat/weight loss

\_\_\_\_\_ Reshape or “tone” my body

\_\_\_\_\_ Improve performance for a specific sport

\_\_\_\_\_ Improve mood/feel better

\_\_\_\_\_ Improve speed, agility, and power

\_\_\_\_\_ Improve flexibility

\_\_\_\_\_ Improve balance

\_\_\_\_\_ Increase energy

\_\_\_\_\_ Decrease stress

\_\_\_\_\_ Enjoyment

\_\_\_\_\_ Social interaction

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight 1 year ago: \_\_\_\_\_\_\_\_\_\_\_\_\_

Weight in high school: \_\_\_\_\_\_\_\_\_\_

Desired weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight recommended by Dr.: \_\_\_\_\_\_

Are you currently participating in any fitness programs or regular physical activity? Yes No

If yes, please explain (what, when, how often, for how long) OR if not, why not? (e.g., perceived barriers, unsure of what to do, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever participated in a fitness program or regular physical activity in the past? Yes No

If yes, please explain (what, when, how often, for how long): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In your current or previous programs, what did you like the most? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your current or previous programs, what did you see the most results from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your current or previous programs, what did you like the least? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What were you doing to stay fit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any major obstacles that you feel you will have to overcome to stick with your exercise plan long-term (e.g., what has stopped you in the past)?

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

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What time of day do you like to exercise? (circle all that apply) Morning Afternoon Evening

Realistically, how much time are you willing to devote to an exercise program (whether at the gym or home)?

Minutes per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you plan to exercise? (circle all that apply) Club Home Outside

Do you have any equipment available at home? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which do you prefer? (circle all that apply) Group exercise Exercising on your own With trainer

Date you can begin *personal* training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days and times that are best for *personal* training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate your interest in each of the following types of physical activity:

\_\_\_\_ Weight machines

\_\_\_\_ Free weights/dumbbells

\_\_\_\_ Cardio equipment

\_\_\_\_ Group exercise classes

\_\_\_\_ Running

\_\_\_\_ Swimming

\_\_\_\_ Cycling

\_\_\_\_ Walking

\_\_\_\_ Yoga/Pilates

\_\_\_\_ Dance

\_\_\_\_ Martial Arts

\_\_\_\_ Team Sports

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES NO Can you briskly walk 1 mile without fatigue?

YES NO Can you jog 2 miles continuously at a moderate pace without discomfort?

YES NO Can you do 20 push-ups?

Please list any additional information that you would like your trainer to know about you before getting started (effective motivational techniques for you, exercises you love/hate, hesitations about beginning a program, etc.):

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

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Nutrition:

Rate your current nutritional habits on a scale of 1-10 (1 = very poor, 10 = excellent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times a day do you usually eat, both meals and snacks? \_\_\_\_\_\_\_\_\_\_ MEALS \_\_\_\_\_\_\_\_\_\_\_ SNACKS

Do you eat late at night? (please circle) Never Sometimes Often

How many glasses of water do you drink per day? (please circle) 0-2 3-5 6-8 9-12 >12

Do you drink alcohol? Yes No If yes, please describe how much and how often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ I pursue a diet that is high in *un*processed foods.

\_\_\_\_\_ I eat at least 5 servings of fruits/vegetables every day.

\_\_\_\_\_ I almost always eat a full, healthy breakfast.

\_\_\_\_\_ I rarely eat high-sugar or high-fat desserts.

\_\_\_\_\_ I seldom consume red meats.

Do you feel your energy levels drop at certain points during the day? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any vitamins or supplements? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food & Beverage Log:

In the space below, please write down everything that you EAT AND DRINK in a *typical* day. Please don’t try to give a “best” day or feel that you have to sugar-coat it. I will not judge what you write; I will only use it to help you reach your fitness goals. Please feel free to attach additional sheets if necessary. Thank you for your honesty!

Additional Space for Food & Beverage Log

**Personal Training Agreement**

1. Personal training clients must be members in good standing with the club to receive services.
Client & Trainer Initial Here: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_
2. Personal training services are an additional fee beyond what is paid for club membership. Personal training sessions must be paid IN FULL PRIOR TO the next scheduled session.
Client & Trainer Initial Here: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_
3. If a client is late to a session, the session will last until the end of the scheduled hour/half hour. For example, if a session is scheduled for 7-8 AM, and the client arrives at 7:10 AM, the session will still end at 8 AM. If a client is more than 10 minutes late to a session, the trainer is not obligated to stay past that time to wait for the client.
Client & Trainer Initial Here: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_
4. If a client must cancel a session, 24 hours’ notice is required. If proper notice is not given, the trainer *is required* to charge for that session. This is true even if the session is rescheduled.
Client & Trainer Initial Here: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_
5. If the client does not use his/her sessions within six months of the purchase date, the sessions will expire and become invalid.
Client & Trainer Initial Here: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

By signing below, I acknowledge that I have read and understand the code of conduct.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing, I certify that the information presented in this Client Profile and Health History is, to the best of my knowledge, accurate. I also acknowledge that it is my responsibility to inform my trainer if any of the previous information changes.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of Medical Information/Communication with Healthcare Team**

I hereby authorize Sarah Jelinek to communicate with my physician/health care team, including the sharing of appropriate records, for the purpose of designing an appropriate exercise program.

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

Signature (parent/guardian if under 18) Date

**Photography and Audio/Video Recording**

I hereby give Sarah Jelinek permission to videotape, photograph, and record my image and or likeness. I understand that such taping or recording may be used at the sole discretion of Sarah Jelinek. I also understand by giving permission is in no way an endorsement of Sarah Jelinek.

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Signature (parent/guardian if under 18) Date

**FOR OFFICE USE ONLY**

**ACSM Coronary Artery Disease Risk Factor Thresholds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk Factors | Defining Criteria | Yes +1 | No | Unsure |
| Age | Men ≤45 years, women ≤55 years |  |  |  |
| Family history | Heart attack, coronary revascularization, or sudden death in an immediate relative (make < 55 years, female < 65 years) |  |  |  |
| Cigarette smoking | Current smoker or those who quit within the past 6 months, or exposure to environmental tobacco smoke (i.e., secondhand smoke) |  |  |  |
| Sedentary lifestyle | Not participating in at least 30 minutes of moderate-intensity physical activity on at least 3 days per week for at least 3 months |  |  |  |
| Obesity | Body mass index ≥30 kg/m2 OR waist girth >40” for men and >35” for women |  |  |  |
| Hypertension | Systolic BP ≥140 mm/Hg and/or diastolic BP ≥90 mm/Hg, confirmed by measurement on at least two separate occasions OR currently on anti-hypertensive medications |  |  |  |
| Dyslipidemia | Low-density lipoprotein (LDL) cholesterol ≥130 mg/dL (3.37 mmol/L) OR high-density lipoprotein (HDL) ≤40 mg/dL (1.04 mmol/L) OR currently on lipid-lowering medication; if total serum cholesterol is all that is available, use serum cholesterol >200 mg/dL (5.18 mmol/L) |  |  |  |
| Prediabetes | Fasting plasma glucose ≥100 mg/dL (5.50 mmol/L), but < 126 mg/dL (6.93 mmol/L), or impaired glucose tolerance (IGT) where a two-hour oral glucose tolerance test (OGTT) value is ≥140 mg/dL (7.70 mmol/L), but <200 mg/dL (11.00 mmol/L), confirmed by measurement on at least two separate occasions |  |  |  |
| **TOTAL “YES” (INTERNAL USE ONLY)** |  |  |

**Internal Use Only**

**Low Risk**

\_\_\_\_ Men <45 years of age AND risk factor total ≤1

\_\_\_\_ Women < 55 years of age AND risk factor total ≤1

**Moderate Risk**

\_\_\_\_ Men 45 or older

\_\_\_\_ Women 55 or older

\_\_\_ Risk factor total ≥2

**High Risk**

\_\_\_\_ Cardiac, peripheral vascular, or cerebrovascular disease

\_\_\_\_ COPD, asthma, interstitial lung disease, or cystic fibrosis

\_\_\_\_ Diabetes mellitus type 1 or 2, thyroid disorders, renal or liver disease

Those with one or more of the following symptoms:

\_\_\_\_ Angina

\_\_\_\_ Shortness of breath at rest or with mild exertion

\_\_\_\_ Dizziness or syncope (I.e., fainting)

\_\_\_\_ Orthopnea or paroxysmal nocturnal dyspnea

\_\_\_\_ Unusual fatigue or shortness of breath with activity

\_\_\_\_ Ankle edema

\_\_\_\_ Palpations or tachycardia (i.e., rapid HR)

\_\_\_\_ Intermittent claudication

\_\_\_\_ Known heart murmur

**Current Medical Examination and Exercise Testing Prior to Participation**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Low Risk** | **Moderate Risk** | **High Risk** |
| **Moderate Exercise**(40-60% VO2 max/~60-75% HRmax/~3-6 RPE) | Not necessary | Not necessary | Recommended |
| **Vigorous Exercise**(>60% VO2­ max/>75% HR max/>6 RPE) | Not necessary | Recommended | Recommended |

**Physician Supervision of Exercise Tests**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Low Risk** | **Moderate Risk** | **High Risk** |
| Submaximal Test | Not necessary | Not necessary  | Recommended |
| Maximal Test | Not necessary | Recommended | Recommended |