



Rx2BFIT CLIENT INFORMATION PACKAGE

All information received on this form will be treated as strictly confidential.

Last Name: _____

First Name: _____

Address: _____

Zip Code: _____ Date: _____

Home Phone: _____

Bus. Phone: _____

Cell Phone: _____

Email: _____

(Please check which of the above numbers is best to reach you.)

Occupation: _____

Male Female Birth date: _____

Emergency Name and Number: _____

Have you previously had a personal trainer, or medically guided health program? Yes No

Physician: _____

Phone Number & Address

Fitness Related Questions

On a scale of 1 to 10, how would you rate your present fitness level (1:worst—10:best)? _____

Are you satisfied with your current level of fitness? Yes No

How often do you currently participate in physical activity?

5-7 times/week 3-4 times/week 1-2 times/week not in the past 6 months

If active, list your activities (Cardio, Sports, Strength Training, Stretching).

Activity	Frequency/Week	Average Time	Easy/Moderate/Hard

Goal Setting

In order to increase your chances of being successful at achieving your goals, our Personal Trainers believe all your goals must be 'SMART' – Specific, Measurable, Attainable, Relevant, and Time calibrated.

Check what goals you would like to accomplish.

- Reduce Fat
- Tone Muscles
- Improve Sport Specific Skills
- Increase Flexibility
- Improve Cardiovascular Fitness
- Build Muscle Mass
- Improve Exercise Technique
- Increase Motivation
- Improve Health
- Improve eating habits
- Pre/post natal care
- Rehabilitation
- Reduce Stress
- Add Variety to Exercise Regime
- Other: _____

Please rate on a scale from 1 to 10 how important it is for you to reach your goal(s) _____

How would you like us to monitor your progress?

- Body Weight
- Girth Measurements
- Fat Testing through skin fold measurements
- Training Log Book
- Other, please specify _____

Integrating YOUR Ideal Fitness Program into your week

What would an ideal exercise and work week look like for you? Please be specific. List your favorite classes, work outs, machines, activities, rest days etc.?

Days	Approximate Work Hours	Other Commitments	Your Ideal Time & Type of Exercise
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Help Us To Help You

What potential obstacles, actions, behaviors, activities etc., do you feel could slow your progress toward your goals?

- Lack of interest
- Boredom of exercise
- Illness or injury: Please note any injury that has occurred within the past 2 years _____
- Lack of time
- Motivation
- Other: _____

Do you have a plan to overcome these obstacles? No Yes – describe plan below

What do you expect from a personal trainer?

How can your personal trainer motivate you?

Are there any programs or services that we do not offer that you would like us to offer?

Lifestyle and Behavior Related Questions

Overall, how would you rate your nutrition? Low Medium High

1. Do you consistently and regularly eat four to five "meals" a day? Yes No

2. Do you drink 8 glasses of water each day? Yes No

3. Do you eat at least 4 servings of bread, cereal, rice or pasta per day? Yes No

4. Do you eat at least 2 servings of fruit per day?..... Yes No

5. Do you eat at least 3 servings of vegetables per day? Yes No

6. Do you have at least 2 servings of quality protein per day? Yes No

7. Do you eat foods high in saturated fat, high in refined sugar and/or high in salt content more than 2-3 times a week?
 No Yes - please specify _____

8. How many cups of coffee do you have per day? 0 1-2 3-5 more than 6

9. How many glasses of alcohol do you drink per week? 0 1-2 3-5 6-9 more than 10

10. Do you take vitamins or supplements? No Yes, please list: _____

Do you smoke? No Yes, indicate how many per day _____ number of years _____

How many hours do you regularly sleep at night? _____

How would you rate the quality of your sleep? Low Medium High

How would you rate your energy in the morning? Low Medium High

How would you rate your energy in the afternoon? Low Medium High

How would you rate your energy in the evening? Low Medium High

How would you rate your stress levels? Low Medium High

How do you cope with stress? _____

PAR Q: Physical Activity Readiness Questionnaire

Please check Yes or No to the following questions.

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently have pains in your chest, when you perform physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had pains in your chest when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance owing to dizziness or do you ever lose consciousness before, after or during physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any bone or joint conditions that may affect your exercise program (i.e. diabetes, epilepsy, back problems, respiratory ailments etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other medical condition that may affect your exercise program?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hospitalized in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had recent surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Are you trying to get pregnant, pregnant or given birth in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently seeing a physiotherapist?	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked YES to any of the above, please give specific details below.

(Note that you may be required to get a letter of permission from your doctor to participate in an exercise program.)

Do you take any medications (either prescription or non-prescription) on a regular basis?

- No
- Yes, what is the medication for?

How does it affect your ability to exercise? _____

Thank you for taking time to complete this information package. Your information will make it easier to design a program that suits your needs, fits your lifestyle and includes activities that you enjoy. We will also know how to support you, if any obstacles may arise.

The Rx2BFIT Team



**WAIVER, RELEASE, AND INDEMNITY
FOR ADULT PARTICIPANTS EIGHTEEN (18) AND OLDER**

(Read Carefully Before Signing)

BETWEEN: Rx2BFIT

AND: _____

(The Participant)

Rx2BFIT requires this form to be completed as a means of confirming that every participant has considered and is aware of the duty they owe to themselves and to all other participants to be informed and aware of the risks inherent in the chosen activity and to carefully consider those risks against their personal ability and level of fitness. This is for the protection of the Participant, other participants, the public, and Rx2BFIT.

I, THE UNDERSIGNED Participant, do hereby acknowledge that I am aware that there are elements of risk inherent to this or any activity; that I have informed myself to my own satisfaction of the nature of the risks inherent to the particular program or activity named below and agree as follows:

PARTICIPANT TO INDEMNIFY AND SAVE HARMLESS:

That in consideration of the fee to be paid and instruction or other services to be provided, and excepting only the sole negligence of Rx2BFIT, I hereby agree to Indemnify and Save Harmless the City and its officers, servants, agents, and co-sponsoring organizations from any claims, demands, and causes of action that may arise out of my participation in the program named below.

PARTICIPANT TO RELEASE AND WAIVE CLAIMS:

That on behalf of myself, my heirs and assigns, and excepting only the sole negligence of the Rx2BFIT, I hereby Release, Waive, and forever discharge Rx2BFIT and its officers, servants, agents, and co- sponsoring organizations, from all claims, costs, causes of action, or demands that may arise out of any incident, accident, or other occurrence that may result in personal or bodily injury, loss of life, property loss, or any other damages to any person by or through my participation in the program identified below.

DATED THIS _____ day of _____, 20__.

(Signature of Participant)

(Reviewed by Rx2BFIT)