



Personal Training Documentation

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Welcome to Fitness Evolution Training Personal Training

I am looking forward to our first session where we can discuss the information in this Client Information Package. This information will help me design an appropriate fitness program for you based on your goals, needs and interests therefore, please complete all sections on each page as thoroughly as possible.

You will find the following sections in the Client Information Package

- ❖ Personal Information
- ❖ PAR-Q Form (Physical Activity Readiness Questionnaire)
- ❖ Medical History Questionnaire
- ❖ Lifestyle & Habits Questionnaire
- ❖ Exercise History Questionnaire
- ❖ Nutrition & Habits Questionnaire
- ❖ Goal setting Questionnaire
- ❖ Participant release and knowledge of agreement

Sincerely,

Natalie Novak

Personal Information

First Name: _____

Last Name: _____

Mailing Address:

Address: _____

City: _____

State: _____

Postal Code: _____

Telephone Numbers:

Home: _____

Work: _____

Mobile: _____

Email address: _____

Occupation: _____

Date of Birth: Month _____ Day _____ Year _____ Age: _____

Emergency Contact Information

Name: _____

Relationship: _____

Contact number: _____

Physician's Details

Name: _____

Phone number: _____

Mailing Address: _____

Signature: _____

Date: _____

Medical History Questionnaire

Please check any health conditions that are related to you.

Health Condition	YES	NO	Please Describe
Arthritis			
Asthma			
Anemia			
Dizziness			
Diabetes			
High/ low blood pressure			
Heart disease			
Epilepsy			
Cancer			
HIV			
Hernia			
Back Pain			
Neck Pain			
Previous injury			
Shortness of breath			
Digestive problems			
Varicose veins			
Allergies			
Osteoporosis			
Hypoglycemia			
Sciatica			
Joint Problems			
Neurological problems			
Other			

Are you being treated or do you need treatment form any of the following heath care professionals?

- Chiropractor; Name _____ Phone Number _____
- Massage therapist; Name _____ Phone Number _____
- Physical therapist; Name _____ Phone Number _____
- Acupuncturist; Name _____ Phone Number _____
- Naturopath; Name _____ Phone Number _____

Please add any additional information which has not been covered in this section which is pertinent to you health and safety in a fitness program.

Please sign below to give permission to me to consult and discuss your file with the above professional to best develop the most appropriate and effective program for your specific needs.

Signature: _____ **Date:** _____

Lifestyle & Habits Questionnaire

Occupation: _____

Description of performance at work: i.e. sitting, lifting, driving etc.

Hours of work per week: _____

Number of days per week: _____

Rate the stress level of your occupation (1 none to 10 extremely):

1 2 3 4 5 6 7 8 9 10

What do you do to manage your stress level at the moment?

What are your 3 prime sources of stress?

1. _____
2. _____
3. _____

What do you do for enjoyment?

How many hours do you sleep a night (on average)?

1 2 3 4 5 6 7 8 9 10 11 12

Do you have any children? Yes No

If yes how many? 1 2 3 4 5

Exercise History Questionnaire

Where would you rate your present fitness level? (1=worst, 10=best)

1 2 3 4 5 6 7 8 9 10

What physical activities are you currently involved in?

How often do you take part in physical activity? ____ days per week _____ hours per day

Developing Your Fitness Program

How would you prefer to exercise? Inside Outside Combination

Realistically how many days are you willing to exercise each week? 1 2 3 4 5 6 7

Realistically how much time do you have for each session? _____

What would an ideal training week look like? Include rest days, leisure activities and training days.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Name at least 3 activities you enjoy?

1. _____
2. _____
3. _____

Name at least 3 activities you absolutely hate doing?

1. _____
2. _____
3. _____

Name 3 areas you think you would like improve.

1. _____
2. _____
3. _____

Nutrition & Habits Questionnaire

How many times a day do you eat, including snacks? _____ per day

Do you skip meals? Yes No

At what time do you eat your last meal? _____

How many glasses of water do you drink each day? 1 2 3 4 5 6 7 8 9 10+

Do you drink alcohol? Yes No

How many per week? 1 2 3 4 5 6 7 8 9 10+

What do you drink? _____

How many times do you binge drink?

- Once in a while
- Monthly
- Weekly

Do you drink tea or coffee? Yes No

How many cups per day? 1 2 3 4 5 6 7 8 9 10+

What size of cup? _____

Rate your energy levels during the day:

Morning:	Low	Medium	High
Afternoon:	Low	Medium	High
Evening:	Low	Medium	High

Do you know how many calories you eat each day? Yes No
If yes how many? _____

Are you on a special diet? Yes No

List all supplements or vitamins you are currently taking:

Do you usually

- ___ Eat fast food
- ___ Make and bring you own food
- ___ Eat at restaurants
- ___ Other _____

How many times do you eat out per week? 1 2 3 4 5 6 7 8 9 10+

List 3 areas of your nutrition you would like to improve:

1. _____
2. _____
3. _____

Write out a typical diet of one day

Breakfast	Snack	Lunch	Snack	Dinner	Drinks

Goal Setting Questionnaire

List in order of priority the fitness goals you would like to achieve in the next 6 weeks?

1. _____
2. _____
3. _____

How would you reward yourself once you have achieved these goals?

List in order of priority the fitness goals you would like to achieve in the next 12 weeks?

1. _____
2. _____
3. _____

How committed are you to achieving your fitness goals? 1 2 3 4 5 6 7 8 9 10
(1= not very committed, 10 = extremely committed)

Why did you decide to invest in personal training?

What are your top 3 obstacles to achieving your goal?

1. _____
2. _____
3. _____

How do you plan to overcome these obstacles?

1. _____
2. _____
3. _____

How do you tend to sabotage yourself?

What are your strongest qualities?

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I _____, wish to participate in the exercise and training program offered by Fitness Evolution Training. 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 this program within sixty (60) days of the date set forth below. No change has occurred in my physical condition (since the date the approved was given) which might affect my ability to participate in the fitness program.

I agree that Fitness Evolution Training shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home or a health club, outdoors, or corporate, commercial residential or other fitness facility) and I expressly release and discharge Fitness Evolution, its owners, employees, agents and/or assign, from all claims, actions, judgments and the like which my heirs, executors, administrators or assign may have or acclaim 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 of intentional act of such a 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 outline 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 light-headed, faint, dizzy, nauseated, or experience pain/discomfort that I am to stop the activity and inform my Personal Trainer.

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

4) I understand that the results of any fitness program cannot be guaranteed and that 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 the session, I will receive the full session time.

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

6) I understand that Fitness Evolution Training bills its personal training clients on a pre-pay basis. Once my trainer and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Checks are to be made out to Fitness Evolution.

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

7) I understand that Fitness Evolution Training works on a scheduled appointment basis and thus, **required that I proved 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, the session will be forfeited. I understand that Fitness Evolution 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 contact during training to correct my alignment and/or to focus my concentration on particular muscle areas to be targeted. If I feel at all uncomfortable or experience any type of discomfort with touch, I will immediately request that my trainer discontinue using contact training.

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

9) I understand that the sessions will expire as the following: 5 session package in 30 Days of purchase, 10 session package in 45 Days of purchase, 20 session package in 90 Days of purchase. If you need additional time to complete your package, please speak with your trainer. It is the client's responsibility to schedule their sessions. Please be sure to get your training sessions completed in the time allotted for these packages, so you do not lose your sessions. Sessions are non-refundable unless accompanied by a physician letter indicating a medical explanation.

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

10) I understand that all Personal Training sessions are non-transferable.

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 knowledge of its significance.

Client

Personal Trainer

Date

Date