



ASSESSING YOUR NEEDS:

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 <u> </u> / <u> </u> / <u> </u> Age: _____		
		M	D	Y
Address: _____		_____		_____
		Street	City	State Zip Code
Phone: _____ (h) _____ (o) _____ (c)				
Email address: _____		Occupation: _____		
Emergency Contact _____		Relationship _____		
Phone _____		Address _____		
Physician's Name: _____		Physician's Phone: _____		
Physician's Address: _____				
		Facility/ Street		
_____		_____		_____
		City	State	Zip Code
Current Weight _____		Current Height _____		

Please list your secondary-care providers and the reason for seeing this provider. (Ob-gyn, psychiatrist, chiropractor, orthopedic physician, massage therapist, etc.)

Name: _____ Care Provided: _____

Name: _____ Care Provided: _____

Name: _____ Care Provided: _____



Personal Training Questionnaire - 2

How did you hear about us? Please check that which applies.

<input type="checkbox"/>	Our Web Site	<input type="checkbox"/>	Another Client Name _____	<input type="checkbox"/>	Referral Rewards Program	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	City Search	<input type="checkbox"/>	Empower on the Move Van	<input type="checkbox"/>	Letter from Friend/Colleague	<input type="checkbox"/>	Brochure
<input type="checkbox"/>	Health Fair/ Corporate Event	<input type="checkbox"/>	Professional Partner	<input type="checkbox"/>	Walk in / Drive by	<input type="checkbox"/>	Direct Mail Piece

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 YES to any of the previous questions, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? If so please list name and reason for taking.



How does this medication affect your ability to exercise or achieve your fitness goals?

Three horizontal lines for writing the answer.

Lifestyle Related Questions

Do you smoke? _____ If yes how much? _____

Do you drink? _____ If yes how many glasses per week? _____

How many hours do you regularly sleep at night? _____

Describe your job: (Circle one) Sedentary Active Physically Demanding

Is anyone in your family overweight? _____ If yes who? _____

Were you overweight as a child? _____ If yes, at what age(s)? _____

Stress and Chronic Pain:

Below list your 3 biggest sources of stress and ways you cope with each stressor.

STRESS	Coping Technique

Stress has been shown to aggravate, or even cause, such problems as heart disease, gastrointestinal disorders, memory loss and decreased immune function. It can sap joy from your life, cause fatigue, and leave you less able to enjoy your relationships and leisure activities.

Do you experience chronic stress? **Yes / No**



Massage therapy is one of the best antidotes for stress. It will boost immune system, increase energy, and improve your outlook on life. Massage can be the start of a profound change for the better in your health and well-being.

Do you have Chronic Pain such as Low Back Pain, Headaches, Migraines, Neck Pain, Sports-Related injuries, Sinus Pressure, or Tendonitis? **Yes / No**

Research indicates that massage therapy can relieve aches and pains and improve your musculoskeletal function.

Are you interested in learning how therapeutic massage can help you manage chronic pain and or stress? **Yes / No**

Fitness History

When were you in the best shape of your life? _____

Have you been exercising consistently for the past 3 months? _____

When did you first start thinking about getting in shape? _____

What if anything stopped you in the past? _____

How would you describe your present fitness level? _____

Exercise Related Questions- Skip to next section if you are presently inactive.

How often do you take part in physical exercise? _____

If your participation is lower than you would like it to be, what are the reasons? _____

How long have you been consistently physically active for? _____

What activities are you presently involved in? _____

Developing your Fitness Program

Do you prefer one-on-one private personal training? **Yes / No**



Are you interested in partner training or small group training? **Yes / No**

If yes, would you like to join an existing small group at Empower? **Yes / No**

Or

Do you have a friend, family member or colleague you would like to refer to Empower Personal Training for small group training? If yes, please provide his/her name and contact information below.

Name _____

Email _____

Phone _____

Please check if you are interested in any of the following group fitness classes.

Conditioning and Toning _____ Kettle Bells _____ Boot Camp _____

Butts N' Guts _____ Yoga _____ Pilates _____

Sports Specific Training _____ Other _____ Please list: _____

Realistically, how often a week would you like to exercise? _____ x / week?

Realistically, how much time would you like to spend during each exercise session?

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

Nutrition Related Questions

Addressing your eating patterns, nutritional intake, and energy levels is an integral part of wellness and health. Dietary interventions have a proven beneficial effect on the conditions listed below. Our registered dietitians (RDs) are uniquely trained to help you make changes that will have a positive health impact.



Please answer **YES/NO** to the questions below.

Overall Wellness

Do you think your health, energy level, or fitness level would benefit from eating better? **Y / N**

Would you like help with making better food choices? **Y / N**

Would you like help with preparing balanced meals for your family? **Y / N**

Would you like help with making a long-term commitment to your health? **Y / N**

Do you want to increase your energy level? **Y / N**

Weight Loss/Weight Gain/Weight Maintenance

Are you a frequent dieter? **Y / N**

Do you need to gain or lose weight? **Y / N**

Are you thinking of having or have you had gastric bypass surgery? **Y / N**

Do you need support staying on track with your weight goals? **Y / N**

Have you reached a "plateau" in your weight loss plan? **Y / N**

Holistic Nutrition

Do you feel like when it comes to food and lifestyle issues that you've tried everything and nothing seems to work for you? **Y / N**

Do you often feel less than great, not sick but definitely not healthy, and don't really know what to do about it? **Y / N**

Do you have a health condition for which you have seen every possible specialist and still it is not resolved? **Y / N**

Are you interested in internal cleansing or detoxification? **Y / N**

Are you interested in nutrition based strategies that may help you reduce your dosage or eliminate completely the use of certain prescription drugs? **Y / N**



If you answered yes to any of the questions above Empower Personal Training would like to offer you a **FREE** 15 minute phone consultation with one of our Registered Dietitians.

Are you interested in this consultation? **YES / NO**

Goal Setting

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure that 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)

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

- 1. _____
- 2. _____
- 3. _____

How will you feel once you have achieved these goals? Be specific.

Where do you rate health in your life?

_____ Low priority _____ Medium priority _____ High priority

Who is your primary source of social support? _____

What do you think the most important thing your personal trainer can do to help you achieve your fitness goals?



Participant Release and Knowledge of Agreement:

Waiver of Liability

I, _____, wish to participate in the exercise, nutrition and life skills program offered by Empower Personal 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 a fitness program 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 Empower Personal Training shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors, or at a corporate, commercial, residential or other fitness facility). I expressly release and discharge Empower Personal Training, its owners, employees, agents and/or independent contractors, 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)

I certify that the answers to the questions outlined on the PAR-Q form regarding health, nutrition and life skills 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)

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)

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)



No Guarantee

I understand that nutrition, life skill, and orthopedic advice and recommendations made by Empower Personal Training's trainers are based upon the answers provided in my PAR-Q form. That nutrition, life skills and rehabilitation exercises can be a valuable component of the training program, but do not guarantee results in weight loss or training goals. It is my responsibility to inform my Personal Trainer of any significant changes in my health, which would impact my ability to pursue/achieve trainer's goals outlined.

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

Sessions

I understand that all personal training rates are based on 55-minute sessions (excepting specialty programs) and should I arrive late, there is not 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)

Billing

I understand that Empower Personal Training accepts payment in full at the time of service. For clients' convenience packages of our services may be purchased on a pre-pay basis. Empower Personal Training accepts cash, checks made payable to Empower Personal Training, LLC, MasterCard or Visa. A \$25 fee will be assessed on returned checks.

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

Cancellation

I understand that Empower Personal Training operates on a scheduled appointment basis and thus, requires that I provide a 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 notice, I will be charged in full for that session. I understand that Empower Personal Training recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

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

Refunds

In the event a Client elects to cancel his/her Preferred Personal Training Package, the client will be refunded 50% of the value for all unused sessions based on the package purchased. Clients that have not paid in full for their Preferred Personal Training



package will be charged 50% of the value of the unused sessions at the time of cancellation.

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

Additional Terms and Conditions

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 Empower Personal Training, I will immediately request that my trainer discontinue using this technique.

I have read and understand this term: _____ (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.

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

I understand that should my Personal Trainer become ill, is away on holiday, or is no longer employed by Empower Personal Training due to resignation or termination another trainer will be assigned to me so that my fitness progress does not suffer.

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

WITNESS

DATE

DATE