



FITNESS

CLIENT INFO

Come as you are...

CLIENT INFORMATION QUESTIONNAIRE

Please complete and return to Anne as soon as possible, at least 2 days prior to our first scheduled session.

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 is safe and effective.

Name: _____ Date of Birth ____/____/____ Age: _____
M D Y

Address: _____
Street City State Zip Code

Phone: (h) _____ (c) _____

Email address: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____
Street City State Zip Code

Please provide 24 hours notice if you need to cancel or reschedule your Personal Training appointment.

Locations:
 Belchertown, Amherst, Hadley,
 Ludlow and Ware

Contact:
 Anne Roberts, CPT
 Belchertown, MA 01007
 413-579-1767
anne@keyfitnesstraining.com
www.keyfitnesstraining.com



For office use only: Referred by: _____	Contact Date: _____
Personal Trainer: _____	
1st Appointment: _____	

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 above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No
What is the medication for? _____

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

Lifestyle Related Questions:

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:

a. _____ b. _____ c. _____

8) Do you regularly utilize the services of a massage therapist? YES NO

9) Is anyone in your family overweight? Mother Father Sibling Grandparent

10) Were you overweight as a child? YES NO If yes, at what age(s)? _____

Fitness 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 Related Questions:

- 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?
 Y N If yes, please list the supplements:

- 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

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

1) How often do you take part in physical exercise?

5-7x/week 3-4x/week 1-2x/week

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

Lack of Interest Illness/Injury Lack of Time Other _____

3) For how long have you been consistently physically active? _____

4) What activities are you presently involved in?

Cardio &/or Sports Frequency/Week Average Length Easy/Mod/Hard

Is cardio conditioning an area that you would like us to help you with? YES NO

Strength Training Frequency/Week Average Length Easy/Mod/Hard

List exercises: _____

Would you like some assistance with your muscle conditioning program? YES NO

Stretching Frequency/Week Average Length

Would you appreciate some help with a stretching program? YES NO

5) Please mark all the activities that interest you:

Group Fitness Classes	Snowshoeing	Football
Private Personal Training	Cross Country Skiing	Soccer
Partner Training	Hiking	Swimming
Boxing workouts	Golf	Tennis
Indoor Cycling	Basketball	Triathlon
Pilates/Yoga	Baseball	Volleyball
Running Programs	Rock Climbing	Kayaking
Walking Programs	Skiing/Snowboarding	White Water Rafting

Developing your Fitness Program:

1. Please indicate how/when you prefer to exercise:

a) LARGE GROUPS SMALL GROUPS ALONE COMBINATION

b) MORNING AFTERNOON EVENING

2. Realistically, how often a week would you like to exercise? _____x/week

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

4. Based on your schedule and our facility location, where will most workouts take place?

Studio Home Outside Gym you belong to Work Gym

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

3x/week 2x/week 1x/week 1x/two weeks 1x/month Other: _____

6. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite days, times etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Goal Setting:

How I best help you? Please check all that apply.

- | | | | |
|---------------------------|----------------------|--------------------------------|--------|
| Lose Body Fat | Develop Muscle Tone | Rehabilitate an Injury | Safety |
| Start an Exercise Program | Nutrition Education | Motivation | Fun |
| Sports Specific Training | Increase Muscle Size | Design a more advanced program | |

Other _____

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

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

- a) _____
- b) _____
- c) _____

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

3. How long have you been thinking about achieving these goals? _____

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

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

6. What do you think is the most important thing 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:

a. _____ b. _____ c. _____

Miscellaneous Questions:

1. How did you hear about Key Fitness? Please check the applicable source.

Brochure Yellow Pages Website Drop-in

- Word of Mouth Referral – Who? _____
 Newspaper/Magazine Column or Ad – Which one? _____
 Flyer in local business – Where? _____
 Chamber of Commerce/Networking Event Other _____

2. Why did you choose to train with Key Fitness Personal Training instead of another trainer or organization? Please check that which applies.

- Location Cost Customer Service Word of Mouth Referral
 Programs Options You know I can help you produce results
 Other _____

3. What would cause you to discontinue training with us?

8. The Gift of Fitness: As a new client, we offer you the opportunity to give two friends a gift certificate for one complimentary training session and one week membership to our studio. We may both be able to make a huge difference in their lives. Please take the time to jot down the names of two friends, family members or co-workers whom you believe are ready to take action and achieve their health and fitness goals. We'll let you give them this gift and then we'll call them to schedule them for their first session.

Name	Phone
i. _____	_____
ii. _____	_____

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I, _____, wish to participate in the exercise and training program offered by Key Fitness Personal Training (KEY FITNESS), wholly owned by Anne Roberts. 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. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk and against recommendation of KEY FITNESS. I further agree that KEY FITNESS, or Anne Roberts or her affiliates 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 KEY FITNESS, Anne Roberts or her, 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 an 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)

- 2) I understand that KEY FITNESS, or Anne Roberts and her affiliates will make every reasonable effort to preserve the privacy of the information contained in this Client Information Questionnaire. I further agree that KEY FITNESS, or Anne Roberts and her affiliates shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Information Questionnaire and I expressly release and discharge KEY FITNESS, Anne Roberts, her employees, agents and/or assigns from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Information Questionnaire. This release shall be binding upon my heirs, executors, administrators and assigns.

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

- 3) 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 requested 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 all employees 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.

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

- 4) 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 or Group Fitness Instructor.

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

- 5) 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)

- 6) I understand that all Personal Training rates are based on per-hour or partial-hour sessions and should I arrive late, I may not 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)

- 7) I understand that KEY FITNESS 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 (through PayPal), cash, and checks made payable to KEY FITNESS are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Personal Training sessions must be redeemed within one year of purchase.
I have read and understand this term: _____(initial)
- 8) I understand that KEY FITNESS operates on a scheduled appointment basis for all 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. It is recommended that all cancelled sessions be rescheduled to ensure consistency and progress.
I have read and understand this term: _____(initial)
- 9) I understand that during a Personal Training or Group Training session, my trainer/instructor may have to touch my muscles or joints 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 this form of touch, I will immediately request that it be discontinued.
I have read and understand this term: _____(initial)
- 10) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer or any other KEY FITNESS representative.
I have read and understand this term: _____(initial)
- 11) I understand that should my Personal Trainer become ill or is not able to train with me for extended periods of time (in excess of 90 days) that I am entitled to a full refund of any unused training sessions. **I have read and understand this term: _____(initial)**
- 12) I understand that KEY FITNESS photographs many of their client events/sessions and I provide KEY FITNESS, Anne Roberts and her affiliates, the absolute right and permission to use these pictures/images for any lawful promotional, advertising or marketing purpose.
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

 DATE

 GUARDIAN'S SIGNATURE
 Required for clients 17 years old and younger

 DATE

 ANNE ROBERTS

 DATE