

Health, Fitness and Nutrition Questionnaire

PART I. Personal Information

Name

Date

Email

Phone number

Date of birth

Occupation

How did you hear about us? _____

PART II. Medical History

Have you had any family history of chronic disease (heart disease, diabetes, etc.)? YES/NO
IF YES please list _____

Have you ever been diagnosed or treated for any chronic disease including asthma? YES/NO
IF YES please list _____

Are you currently taking any medication? YES/NO
IF YES please list _____

Do you have any previous or current injuries or pain? YES/NO
IF YES please list _____

PART III. Pelvic floor & core (only for female clients)

of children (if applicable)? _____

Please describe your pregnancies and deliveries (if applicable):

Do you have diastasis recti (ab separation)? YES/NO/NOT SURE

Do you experience any pelvic floor dysfunction symptoms (i.e. heaviness in your pelvic floor, incontinence, urge to pee, leakage, bulging, etc)? YES/NO

IF YES please describe _____

Have you ever been to pelvic floor physiotherapist? YES/NO

IF YES please provide his/her name and what your diagnosis was _____

PART IV. Nutrition and other Health Related Behavior

Do you smoke? YES/NO IF YES, how much? _____

Do you drink alcohol regularly? YES/NO IF YES, how much? _____

My job or other aspects of my life stress me out.

Disagree 1 2 3 4 5 6 7 8 9 10 *Strongly agree*

How many hours of sleep do you normally get per night?

Never 1 2 3 4 5 6 7 8 9 10 or more

How would you rate your nutritional quality?

Very poor 1 2 3 4 5 6 7 8 9 10 *Excellent*

How do you think you could improve your nutrition?

PART V. Fitness Information

Have you ever participated in resistance/weight training before? YES/NO

IF YES please describe _____

Have you ever trained with a personal trainer before? YES/NO

IF YES please explain _____

Are you currently involved in an exercise regimen? YES/NO

IF YES, please describe _____

IF NO, when were you last exercising routinely? _____

PART VI. Goals

What are your top health & fitness goals?

Do you wish to achieve any of these goals in a specific time frame? YES/NO

IF YES please explain _____

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 *Extremely*

Are there specific things you would like included or excluded in your training program?

How many days per week are you willing and able to exercise?

1 2 3 4 5 6 7

WAIVER OF LIABILITY

2 The Core Personal Training Inc

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!

You, the Client, are aware that there are risks associated with participating in Fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:

- (a) to waive all claims, known or unknown, that you have or may have in the future against '2 The Core Personal Training Inc', Christina De Rose, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners;**
- (b) that Christina De Rose are not liable or responsible for any damage to, loss or theft of your property;**
- (c) to release and forever discharge Christina De Rose from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of Christina De Rose and**
- (d) to be liable for and to hold harmless Christina De Rose from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in fitness activities.**

I have read and understand that I am waiving my rights to claim for damages.

Name

Signature

Date

Witness

Witness Signature

Date

2 THE CORE PERSONAL TRAINING INC POLICIES

SCHEDULING:

To schedule your sessions:

1. Group sessions are booked through the MindBody app (we will show you how) up to 14 days in advance.
2. 1-on-1 and couple sessions are booked directly through Christina by texting her at 403-617-3362.

CANCELLATION/RESCHEDULING POLICY

If you need to cancel or reschedule a session, please text or call Christina at 403-617-3362. If she is not available, be sure to leave a voice or text message. She will check the availability and get back to you with confirmation of the rescheduled date and time.

Please note that 24 hours notice is required for a cancellation in order to avoid payment for a session. Failure to cancel within this time frame or failure to show up for a session will result in the client forfeiting the session. Exceptions will be made at our discretion. However, if a convenient time for both you and your trainer within the next 2-3 days is found, the session can be rescheduled without penalty.

TARDINESS POLICY:

Clients are expected to begin working out at the start time of the scheduled appointment. A late start time does not entitle a client to a session longer than the scheduled appointment. Note that there are exceptions, but at our discretion.

CHILDCARE:

During childcare hours, we have a responsible adult looking after the babies and kids. Sick kids are not permitted so that illnesses are not spread. When you bring your child(ren) to the studio, you are ultimately responsible for them since they are in the common area. Our babysitting staff will do their very best to keep the children happy, entertained and in the kid's area, however they are only human. We ask that our clients be mindful of this and cooperate with our staff to ensure everyone enjoys themselves.

SESSIONS:

Sessions expire after two years of purchase and are non-refundable. However, in the case of illness, a move, or another circumstance, sessions can be transferred to a friend or family member at no extra cost. Sessions can also be extended beyond the two year expiration date if requested.

I verify that I understand and will abide by these policies

Client Signature _____ **Date** _____