

How Many Days Per Week Do You Currently Exercise?

Have You Been on a Diet Before?

If Yes, What Types?

Was It Successful?

Daily Routine (Times Only)

Wake-Up Time:

Lunch:

Bedtime:

Afternoon Snacks:

Breakfast:

Dinner:

Morning Snacks:

Evening Snacks:

Workouts:

Workout Routine (List Type of Exercise)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Medical Information

Do You Smoke?

If Yes, How Much Per Day?

Do You Ingest Alcohol?

If Yes, How Much Per Day?

Do You Drink Coffee?

If Yes, How Much Per Day?

List Any Injuries

List Any Operations

List Any Current Mediations

List Any Food Allergies

When Was Your Last Physical Exam?

Do You Have Any of the Following:

	Yes	No
High Blood Pressure		
Heart Disease/ Heart Attach		
Diabetes		
High Cholesterol Levels		
Irregular Heartbeat		
Chest Pain		
Dizziness		
Heart Murmur		
Shortness of Breath		
Respiratory Disease		
Epilepsy or Convulsions		
Orthopedic Conditions		
Osteoporosis		
Hernia		
Arthritis		
Thyroid Disorder		
Gastrointestinal Disorder		
Stroke		
Hypoglycemia		
Anemia		
Cancer		
Blood Disorder		
Lactose Intolerant		

**Have You Ever Had a
Loss of Consciousness/
Heart Attack/Stroke?**

If Yes, How Long Ago?

Family History

	Yes	No
Heart Attacks		
Diabetes		
Heart Operations		
Epilepsy		
High Blood Pressure		
Congenital Heart Disease		
High Cholesterol		

Supplements

Do You Currently Use Any Special Diet Products?

If Yes, Describe

Food Preferences

Foods You Dislike

Foods You Enjoy

Disclaimer **Please Initial**

These programs are not diets; they require a commitment to a lifestyle change. Because we only choose to work with committed clients, there are no refunds if you are unable or unwilling to follow our recommendations. You may gift or sell your sessions to another client or use them at a later time as they have no expiration date. Thank you in advance for your commitment.

All requested customized nutrition and workout plans will take one week to complete.

Rescheduling

Anyone requiring a reschedule must contact Stephanie at least 24 hours in advance. Only 1 reschedule will be allowed for those with 6-week training packages and 2 reschedules for those with 12-week packages.

Waivers

Health

I, the undersigned, have read, understand, and have answered the above health/medical survey questions fully and truthfully. I am aware of my responsibility to consult with my personal physician regarding my clearance to engage in strenuous exercise and/or nutritional support program. I do hereby intend to be legally bound for myself and waive release of any and all my rights and claims for damages I may have against the participating training facility, and the fitness trainer/certified nutritionist administering this program as well as the program creators themselves or anyone in connection with them for any and all injuries suffered while following the training and/or nutrition program provided to me.

Please Initial

Supplement Informed Consent

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201(g)(1), the term drug is defined as an "article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease." Technically, vitamins, minerals, trace elements, amino acids, herbs, or homeopathic remedies are not classified as drugs. However, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient's diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all of your healthcare providers fully informed about all medications and nutritional supplements, herbs, or hormones you may be taking.

Please Initial

Supplement Sales

You are under no obligation to purchase nutritional supplements at our company. As a service to you, we make nutritional supplements available. We purchase these products only from manufacturers who have gained our confidence through considerable research and experience. The brands of supplements that we carry are those that meet our high standards and tend to produce predictable results. While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability, and effectiveness. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

Please Initial

Image Use

Images provided by you can be used for promotional purposes.

Please Initial

Personal Training Session Cancellation

For any scheduled personal training sessions or standing appointments must be cancelled 24 hours prior to scheduled session time. If the client fails to cancel within this time frame, the session is forfeited.

Please Initial

Printed Name:

Signature:

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.