



Personal Training Questionnaire

Client Name: _____ DOB: _____

Address:

Phone: _____

Email: _____

1. What are your major goals / targets?

Weight loss / gain

General fitness

Aerobic conditioning

Muscular endurance

Muscular strength

Improved flexibility

Nutrition/Diet

Mental Health

Other:

2. Are there any body parts in particular that you wish to majorly aim for?

Legs

Arms

Bum

Stomach

Chest

Other:

3. What are your top three fitness goals?

1)

2)

3)

4. How long after beginning your training do you expect it to take to begin to see changes in your body?

1 week / 2 weeks / 4 weeks / 6 weeks / 8 weeks / 3 months / 6 months / 9 months / 1 year / 18 months +



5. Do you have a specific event / date you want to achieve these by? (E.g. wedding, holiday, season)

6. How would you describe your current knowledge of exercise and fitness training?

I am not familiar / I have a little experience / I am quite experienced / I am an expert

7. If you currently exercise, would you say your routine is:

Ineffective / Effective / Very Effective / Not Applicable

8. What will motivate you to achieve your goals?

9. How motivated are you to achieve your goals?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Highest

10. What equipment do you have access to? (ex: dumbbells, treadmill, bike, plate weight, stairs, etc.)

11. What, if any, are your expected barriers towards your exercise programme? (E.g. motivation, work hours, kids, lack of time, no equipment)



Physical Activity Readiness Questionnaire - PAR-Q

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

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

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?

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Do you know of any other reason 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.

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 programs are safe and helpful for you.

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 consultation - 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 150/90, talk with your doctor before you start becoming much more physically 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



Informed Use of the PAR-Q: Champ Therapy and Wellness PLLC assumes no liability for persons who undertake physical activity through a personal training program 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 _____

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.



Method of Communication

I prefer to be contacted through the following method(s):

Phone Call Text E-mail

Please initial appropriate areas below:

I understand that if I have opted for text or e-mail communication that it is not 100% secure and personal information may be available to outside sources not involved with my direct care. The following signature designates that I am agreeing to this and have approved communication through text or e-mail that will include personal information about myself or care/services I am being seen for by Champ Therapy and Wellness PLLC.

I authorize Champ Therapy and Wellness PLLC to leave me a voicemail on my phone I have provided.

I authorize the following people to take messages or call Champ Therapy and Wellness PLLC regarding my care and services provided by Champ Therapy and Wellness PLLC. Names of those people:

I specifically DO NOT want the following people to be contact or told anything about my care:

I hereby attest that I have thoroughly read and understand this Method of Communication form.

Signature: _____ Date: _____

Name (printed): _____

Staff signature: _____



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

This form covers all therapy sessions, personal training and/or programs offered by Champ Therapy and Wellness PLLC. Please fill out the following, being sure to read and initial each paragraph.

I, _____, hereby agree to the following:

____ I am participating in physical or occupational therapy sessions, personal training or other programs offered by Champ Therapy and Wellness PLLC during which I receive education, information and instruction about exercise, wellness and prevention. I recognize that these physical or occupational therapy sessions, personal training and other programs may require physical exertion, which may be strenuous. Although unlikely, physical injury could occur. I am fully aware of the risks and hazards involved and I agree to assume any responsibility to any injury. I will follow all instructions and modifications recommended by Champ Therapy and Wellness PLLC.

____ I understand that it is my responsibility to consult with a physician prior to and regarding my participation in physical or occupational therapy sessions, personal training and/or other programs offered by Champ Therapy and Wellness PLLC. I represent and warrant that I am physically able to participate in exercise classes and I have no medical condition that would prevent my full participation in these physical or occupational therapy sessions, personal training and/or other programs.

____ I understand that I have signed up for physical or occupational therapy sessions, personal training and/or other programs that will be performed at my own house. I understand that I will be using my own equipment and do not hold Champ Therapy and Wellness PLLC accountable for any malfunction of equipment.

____ I understand that I may use resistance bands, weights or portable equipment of Champ Therapy and Wellness PLLC and that items may break or not work properly. I understand that this is unlikely, but could result in injury or damage to my personal property. I understand the risk of this and agree to not hold Champ Therapy and Wellness PLLC accountable for any unforeseen malfunction.

____ I have read and understand the Exercise Guidelines for participation in Group Exercise class or personal training sessions.

____ I agree to inform Champ Therapy and Wellness PLLC of any physical limitations, physical discomforts and/or injuries before, during or after fitness classes, physical or occupational therapy sessions, personal training and/or programs, and I take full responsibility for nondisclosure.

____ I have read the above release waiver of liability and fully understand its contents.

____ I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____