



Personal Training Client Information Package

Needs Assessment

All information contained in this package will be treated with the strictest of confidence. Please fill out the forms as accurately as possible. This information is essential to develop a program that is specific to you. Your trainer will assess your needs, goals, and interests and design a program that is both safe and effective.

Once completed, please return this package to The Woman's Place to the attention of Sharon Harrison (Personal Training Team Leader). Sharon can also be reached by phone at 250.762.7255 or by email at sharon@twppfitness.com

Date: _____

Name:		Date Of Birth:	Age:
Address:			Postal Code:
Home Phone:	Work Phone:	Cell Phone:	
e-mail address:		Occupation:	
Physician's Name:		Physician's Phone:	

Lifestyle Questionnaire

Do you smoke? Yes No *If yes, how many?* _____

On average, how many hours do you sleep at night? _____

On a scale of 1(low) –10(high), how would you rate your present stress level? _____

List your 3 greatest sources of stress: 1) _____

2) _____

3) _____

What are your nutritional concerns? _____

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes No

What is the medication for? _____

Are there any side effects from the medication? _____

Is your physician aware that you will be participating in an exercise program?
Yes No

If yes, has your physician expressed any concerns or given you any guidelines or recommendations for your exercise program? _____

Do you have any past injuries? Yes No

If yes, do you have any present symptoms or restrictions, and if so what are they?

Are you presently under the care of a Chiropractor? Yes No

Chiropractor's Name: _____

Are you presently under the care of a Physiotherapist? Yes No

Physiotherapist's Name: _____

What are some of your favourite hobbies? _____



Present Fitness Status

How do you rate your current fitness status, 1-(worst ever) - to- 10(best ever)?

How often do you participate in physical fitness activities each week?

Presently not active 1 – 2 sessions 3 – 4 sessions 5 – 7 sessions

When was the last time you felt good about your level of physical fitness? _____

If your exercise participation is less than you would like, list 3 reasons why:

1) _____

2) _____

3) _____

List any fitness activities that you presently participate in:

	Type	Frequency Per Week	Average Length Of Session	Intensity: Easy-Mod-Hard
Cardio				
Strength				
Mind & Body				
Sports				

Action Plan

<i>Goal Number 1:</i>	
<i>Action Steps To Achieve Your Goal</i>	<i>Time Frame</i>
1)	
2)	
3)	

<i>Goal Number 2:</i>	
<i>Action Steps To Achieve Your Goal</i>	<i>Time Frame</i>
1)	
2)	
3)	

<i>Goal Number 3:</i>	
<i>Action Steps To Achieve Your Goal</i>	<i>Time Frame</i>
1)	
2)	
3)	

Describe the obstacles, behavior traits, or restrictions that will impede the success of your training program: _____

Outline 3 strategies that you can use to overcome your obstacles:

1) _____

2) _____

3) _____

List 3 indicators that you will use to measure success:

- 1) _____
- 2) _____
- 3) _____

What is the most important service that a personal trainer can offer you? _____

What types of exercises do you prefer?

- Inside Outside Combination
- Large Group Small Groups Combination
- Alone

Fitness Schedule

How many times each week would you like to exercise? _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Of Day							
Length Of Session							

How did you hear about the TWP Personal Training services? _____

Do you know of anyone who could benefit from Personal Training and would appreciate more information about our services?

Name: _____ Phone: _____

Name: _____ Phone: _____

Participants Release And Knowledge Of Agreement



I, _____, wish to participate in the exercise and training program offered by The Woman's Place. 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 obtained his/her approval for my participation in this 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.

I agree that The Woman's Place shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home or health club, or corporate, commercial, residential or other fitness facility) and I expressly release and discharge The Woman's Place owners, 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 caused by gross neglect or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understood this term: _____ Initials

I certify that the answer to the questions outlined on the Par Q form is 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 have read and understood this term: _____ Initials

I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and ongoing which affect my ability to exercise safely and with minimal risk.

I have read and understood this term: _____ Initials

I understand and agree that should I feel lightheaded, faint, dizzy, nauseated, or experience pain/discomfort that I am to stop the activity and inform my Personal Trainer or Woman's Place staff member.

I have read and understood this term: _____ Initials

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 have read and understood this term: _____ Initials

I understand that the results of any fitness program cannot be guaranteed and that my progress depends on my effort and cooperation in and outside the sessions.

I have read and understood this term: _____ Initials

I understand that all sessions are 50 minutes and should I arrive late, there is no guarantee I will receive the full session with my trainer.

I have read and understood this term: _____ Initials

I understand that The Woman's Place bills its Personal Training client on a pre-pay basis. Once my trainer and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Payments can be made at the front desk to The Woman's Place customer service representatives. I understand that pre-paid sessions are non-refundable but may be transferred to a third party in the event that I am unable to utilize all sessions.

I have read and understood this term: _____ Initials

I understand that The Woman's Place Personal Training Program works on a scheduled appointment basis 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 with **LESS** than 24 hours prior notice, then I would be charged for that session.

I have read and understood this term: _____ Initials

IMPORTANT: DO NOT SIGN THIS DOCUMENT UNTIL YOU HAVE REVIEWED IT WITH YOUR PERSONAL TRAINER AND ARE SATISFIED WITH THE ANSWERS TO YOUR QUESTIONS.

I have read the Release and Terms Of Agreement and I understand all of its terms, I sign it voluntarily and with knowledge of its significance.

Client Signature: _____ Date: _____

Personal Trainer: _____ Personal Trainer 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
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

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.



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PAR-Q & YOU

Physical Activity Guide
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
- at school
- at work
- at play
- on the way

...that's active living!

Increase Endurance Activities

Increase Flexibility Activities

Increase Strength Activities

Reduce Sitting for long periods

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort			
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort
60 minutes	30-60 minutes	20-30 minutes	Maximum Effort
• Strolling • Dusting	• Light walking • Volleyball • Easy gardening • Stretching	• Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	• Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing
Range needed to stay healthy			

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

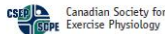
- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:

- better health
- improved fitness
- better posture and balance
- better self-esteem
- weight control
- stronger muscles and bones
- feeling more energetic
- relaxation and reduced stress
- continued independent living in later life

Health risks of inactivity:

- premature death
- heart disease
- obesity
- high blood pressure
- adult-onset diabetes
- osteoporosis
- stroke
- depression
- colon cancer



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Source: *Canada's Physical Activity Guide to Healthy Active Living*, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

- Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.
- Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy, In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.
- PAR-Q Validation Report, British Columbia Ministry of Health, 1978.
- Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

To order multiple printed copies of the PAR-Q, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

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