



## CLIENT INFORMATION QUESTIONNAIRE

***Please complete and return to us at least 2 days prior to your 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 interests, and is safe and effective.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c)

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Long Training Studios will send information regarding your physical exercise program to your physician if requested.

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

**PAR-Q FORM**

Please mark **YES or NO** to the following:

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?

*(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:

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Do you take any medications, either prescription or non-prescription, on a regular basis?

Why is the medication prescribed? \_\_\_\_\_

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

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### Lifestyle Related Questions

- 1) Do you smoke? **YES / NO** If yes, how many? \_\_\_\_\_
- 2) Do you drink alcohol? **YES / NO** If yes, how many 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) Is anyone in your family overweight? ••Mother ••Father ••Sibling ••Grandparent
- 9) 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 do 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=great) \_\_\_\_\_
- 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? •• Sometimes •• Often •• 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 levels 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? **YES / NO**

**If yes, please list the supplements:**

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- 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 •• Never
- 17) Do you eat foods high in fat and sugar? •• Often •• Sometimes •• Never
- 18) List 3 areas of your Nutrition you would like to improve:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

## 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) How long have you been consistently physically active? \_\_\_\_\_

4) What activities are you presently involved in?

**Cardio &/or Sports**

Frequency per week

Average length

Easy / Mod / Hard

List exercises:

**Strength Training**

Frequency per week

Average length

Easy / Mod / Hard

List exercises:

**Flexibility**

Frequency per week

Average length

Easy / Mod / Hard

List exercises:

4. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

## Goal Setting

**How can a Personal Trainer help you?** Please circle that which applies.

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

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 will you feel once you've achieved these goals? Be specific.

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

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

5. What do you think the most important thing we can do to help you achieve your fitness goals?

6. 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.).

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7. Outline 3 methods that you plan to use to overcome these obstacles:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

1. How did you hear about us? Please check that which applies.

•• Brochure •• Word of Mouth •• Yellow Pages •• Website •• Other \_\_\_\_\_

2. If you were referred to us, who told you about our services?

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3. Why did you choose to train with North Point Personal Training instead of another organization? Please check that which applies.

•• Location •• Personal Trainers •• Cost •• Customer Service •• Word of Mouth •• Programs •• Other \_\_\_\_\_

4. How far do you live from our gym? \_\_\_\_\_ miles

5. Which newspaper(s) do you read? \_\_\_\_\_

6. Which radio station(s) do you listen to? \_\_\_\_\_

7. Which local magazine(s) do you read? \_\_\_\_\_

8. Which local morning TV show do you watch? \_\_\_\_\_

9. What would cause you to discontinue training with LONG TRAINING STUDIOS?

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**PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

I, \_\_\_\_\_, wish to participate in the exercise and training program offered by North Point Personal Training. 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. I agree that LONG Training Studios or Tracie Long Fitness 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 LONG Training Studios or Tracie Long Fitness its 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 or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or 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)**

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 required 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 my Personal Trainer of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this term: \_\_\_\_\_(initial)**

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.

**I have read and understand this term: \_\_\_\_\_(initial)**

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)**



I understand that North Point Personal Training 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, cash and checks made payable to North Point Personal Training are all accepted. I understand that all Personal Training sessions are non- refundable.

**I have read and understand this term: \_\_\_\_\_(initial)**

5) I understand that North Point Personal Training operates on a scheduled appointment basis for all Private Training 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 without 24 hours prior notice, I will be charged in full for that session. I understand that North Point Personal Training recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

**I have read and understand this term: \_\_\_\_\_(initial)**

6) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_(initial)**

7) I understand that North Point Personal Training photographs many of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes.

**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.**

\_\_\_\_\_  
**Personal Trainer**                      **date**

\_\_\_\_\_

\_\_\_\_\_  
**Client**                                      **date**