

NEW CLIENT INFORMATION: PERSONAL TRAINING

List any allergies you might have: _____

**Medical History: Have you ever been diagnosed with any of the following?
 (Check all that apply)**

History of heart disease, stroke, chest pain	YES	NO
High Blood Pressure	YES	NO
High Cholesterol	YES	NO
Difficulty breathing	YES	NO
Joint, muscle or back pain	YES	NO
Surgeries within the last year	YES	NO
Pregnancy	YES	NO
Diabetes	YES	NO
Thyroid Condition	YES	NO
Hernia	YES	NO
Cigarette Smoking	YES	NO
Hot flashes	YES	NO
Digestive/GI Distress	YES	NO

Please explain any of the questions you answered "yes" to:

Do you have any current injuries that limit your ability to exercise?

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LIFESTYLE ASSESSMENT:

In the past year, how often have you been engaged in physical activity? Please check the answer that best describes your habits.

3-4 times a week	1-2 times a week	1-2 times a month	None
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What types of physical activity do you like to do and have you participated in?

Do you think your weight/current health affects your daily activities?

Is your significant other/close friend involved in regular physical activity?	YES	NO
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What is your present occupation?

Realistically, how much time do you have to spend per workout session?

How many days per week would you like to exercise?

Do you own any equipment at home? If yes, please specify.

How would you rate the daily stress level in your life? (1= None and 5 = A significant amount)

How would you rate your quality of sleep?

Excellent: (7-9hrs/night)	Good: (6-8hrs/night)	Average: (5-7hrs/night)	Needs work: (4hrs - less/night)
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What are some of your specific goals you would like to accomplish during the next:

3 Months

6 Months

12 Months

What challenges do you face in accomplishing your goals?

Nutrition:

How many meals/snacks do you have a day?

What do they consist of?

How much alcohol do you drink/week?

How much coffee or soda do you drink/week?

How much water do you drink/day?

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Cancellation/No Show Policy

Training is a commitment to your health, both physical and mental. The best results are achieved with consistent appointments and a willingness to give your best effort every session.

Health In Balance Personal Training, requires 24 hour advance notice for any cancellation. If you are unable to give 24 hour advance notice or you do not show for your scheduled appointment, you will be charged the cost of your session.

If you arrive late, your session will last the remainder of your scheduled time.

If you purchase a package, the expiration date is six months from date of purchase.

I, _____ understand and agree to the above policy.

Client Signature, _____ Date: _____

Waiver of Liability

I, _____, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Health In Balance Personal Training.

Having such knowledge, I hereby release Health In Balance Personal Training, their representatives, agents and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks and consent to participate in said program.

I agree to disclose any physical limitation, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Client Signature, _____ Date: _____