



Personal Training

Fitness Intake Packet

Member Name: _____	Date: ___/___/___
E-mail: _____	Phone: _____ Age: _____



PT Fitness Intake Packet

Informed Consent for Participation in PT Program Activities—Individual, Partner, or Small Group

Explanation of Procedures In order to participate in Personal Trainer led services and programs you will be asked to complete a health status questionnaire, a physical activity readiness questionnaire (PAR-Q), and an exercise habits and objectives form which are part of this packet. The information you provide will be used to determine whether medical clearance is necessary before purchasing services. Our trainers may use the information that you provide in this fitness intake packet to advise you and/or to plan elements within your exercise program. The information being gathered will be treated as privileged and confidential and will not be released to anyone other than program staff without your permission. At your direction, your health information may be discussed in program sessions.

Personal Trainers educate participants about various fitness components, the variables involved in setting up a safe and effective program, and are available to discuss strategies to work towards fitness goals. Depending on the services that you purchase, a trainer may develop a personalized exercise program for you to follow, provide instruction on equipment, and give feedback on your form. Instructional Personal Trainer services focus on helping you to get the most out of your workouts, including teaching proper technique.

Information about your current, previous, and future health status may affect the safety and value of your exercise program. You are responsible for disclosing such information on the health questionnaires. If you have any medical conditions or other underlying concerns which are not covered on the forms, you are responsible for informing your personal trainer. If your health status changes at any time, it should be reported back to the trainer and your doctor before continuing exercise, as the recommendations given at the time of service may not apply. Likewise, during exercise participation, it is important to notice any sensations, symptoms, or feelings that concern you and to discuss these with your trainer and/or a doctor before continuing exercise. Although the information gathered today will help us plan an exercise program for you, reviewing your medical history does not entirely eliminate the risks associated with exercise. It is your obligation to inform the personal trainer if you have health concerns at any point.

Risks and Discomforts

The inherent risks involved in participating in an exercise program include, but are not limited to: muscular soreness, strains, orthopedic injuries, overuse injuries, heart rhythm disorders, abnormal blood pressure, dizziness, fainting, and in rare instances stroke, heart attack, or death. Effort will be made to minimize these risks through preliminary screening and providing instruction and feedback.

Benefits to be Expected

The potential benefits of engaging in regular exercise include increased energy and improved physical, psychological, and mental well-being, as well as weight management. There is evidence that regular physical activity is related to a lower risk of and improved management of a variety of health problems including anxiety, atherosclerosis, hypertension, heart disease, lung disease, diabetes, osteoporosis, stroke, cancer, depression, obesity, and back pain.

Freedom of Consent My participation in Personal Trainer led programs is completely voluntary. I have read this form and understand the risks involved with participation in an exercise program. I understand that I can discontinue participation in any or all aspects of the fitness program at any time. I understand that if I have further questions or concerns I may ask for more information.

Member Name (Print)

Member Signature

Date

Health Status & Screening Questionnaire

MEMBER INFORMATION

Name: _____ Age: _____ Today's Date: ____/____/____

Please assess your health by marking all statements that are true and informing us of any other issues of concern: If you mark ANY of the statements in the section below, consult your healthcare provider BEFORE engaging in exercise. We may require medical clearance from your physician / health care provider before making exercise recommendations.

History:	Symptoms:	Other Health Issues:
<input type="checkbox"/> any cardiovascular condition	<input type="checkbox"/> chest discomfort with exertion	<input type="checkbox"/> tests suggesting impaired glucose levels
<input type="checkbox"/> heart attack	<input type="checkbox"/> unreasonable breathlessness	<input type="checkbox"/> problems that limit activity
<input type="checkbox"/> heart or vascular surgery	<input type="checkbox"/> dizziness fainting, blackouts	<input type="checkbox"/> are pregnant or postpartum
<input type="checkbox"/> cardiac-related procedure	<input type="checkbox"/> heart palpitations, skipped beats, or noticeable rhythm disturbance	<input type="checkbox"/> current or past eating disorder
<input type="checkbox"/> heart valve disease		<input type="checkbox"/> difficulty breathing when lying down or sudden difficulty breathing at night
<input type="checkbox"/> congenital heart disease	<input type="checkbox"/> ankle swelling or other edema	<input type="checkbox"/> asthma or other lung disease
<input type="checkbox"/> heart murmur	<input type="checkbox"/> burning / cramping in your lower legs when walking short distances	<input type="checkbox"/> other:
<input type="checkbox"/> thyroid condition		
<input type="checkbox"/> diabetes	<input type="checkbox"/> other:	

Cardiovascular Risk Factors:

If you check TWO OR MORE of the statements in the section below, consult your healthcare provider BEFORE engaging in vigorous exercise. We may require medical clearance from your physician / health care provider before making exercise recommendations.

- You are a man older than 45 years.
 - You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal.
 - You smoke, or you have quit smoking within the previous 6 months.
 - Your blood pressure is greater than 140/90 or you don't know if your blood pressure is normal.
 - You take blood pressure medication.
 - Your blood cholesterol level is > 200 mg/dL or you don't know your blood cholesterol level.
 - You have a close blood relative who had a heart attack before age 55 (father or brother) or before age 65 (mother or sister).
 - You are diabetic or take medicine to control your blood sugar.
 - You are physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days per week).
 - You are more than 20 pounds overweight or have a body mass index $\geq 30 \text{ kg} \cdot \text{m}^2$
- None of the above is true

If you have any concerns related to any of the statements above, you should consult with your healthcare provider BEFORE engaging in an exercise program.

Do you have any concerns about the safety of exercise for you? Yes No _____

Do you take any prescription medications or supplements that may affect your heart rate or blood pressure? Yes No _____



Exercise Preferences and Habits

What would you like to achieve with an exercise program?

List in order your 3 most important health and fitness objectives:

What kinds of activities do you enjoy (or are willing to try)?

Current Exercise Habits

Have you done consistent strength training workouts for the past 4 weeks (at least 3 times per week)? Yes No

Have you done consistent cardio workouts for the past 4 weeks (at least 3 times per week)? Yes No

Can you currently walk 3 miles briskly without fatigue? Yes No

Cardio (last 6 weeks): what activities, how often, how long, & how hard?

Strength (last 6 weeks): which muscle groups, how often, how many sets/reps, & what type of exercises?

Flexibility/Stretching (last 6 weeks): what activities, how often, how much time spent each session?

Notes:

Exploring Your Health & Fitness Goals

Attitudes towards Physical Activity and Lifestyle

Do you feel comfortable with the equipment in the gym? ____ YES ____ NO

(If NO, which equipment are you unfamiliar or uncomfortable with?:
_____)

Do you enjoy exercise? ____ YES ____ NO

If NO, what are the main factors or barriers? _____

Please describe your knowledge of exercise and fitness (please circle):

very knowledgeable somewhat knowledgeable very little knowledge

How much total time (in hours) do you spend each day?

Walking____ Sitting____ Standing____ Driving____ Lying Down/Sleeping____ Exercising____

Nutritional Habits/Weight Management

How would you describe your nutrition habits (please circle):

GOOD FAIR POOR

Number of meals and snacks you usually eat per day _____

Have you ever been on a diet (planned what you ate) in order to lose or gain weight? ____ YES ____ NO

Rate how closely you monitor your eating habits with 1 being, "not at all, I eat whatever I want," and 5 being moderately conscious of what I eat" and 10 being, "I closely monitor everything I eat and track calories."

1 2 3 4 5 6 7 8 9 10

Please give approximate daily fluid/water intake: _____ fluid oz.

Developing your Plan

How many days per week do you plan to commit to exercise? _____

How much time do you plan to allow per exercise session? _____

What days & times do you prefer to exercise? _____

Strategies that Influence Fitness Success

Writing down goals can help you to visualize and articulate what you want to achieve.

Which ones are the most important to you?

Use the space below to record concrete commitments you are willing to make to work towards health and fitness goals. These should be challenging, but also realistic and attainable commitments.

Commitment #1: _____

Commitment #2: _____

Commitment #3: _____

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.



PAR-Q & YOU

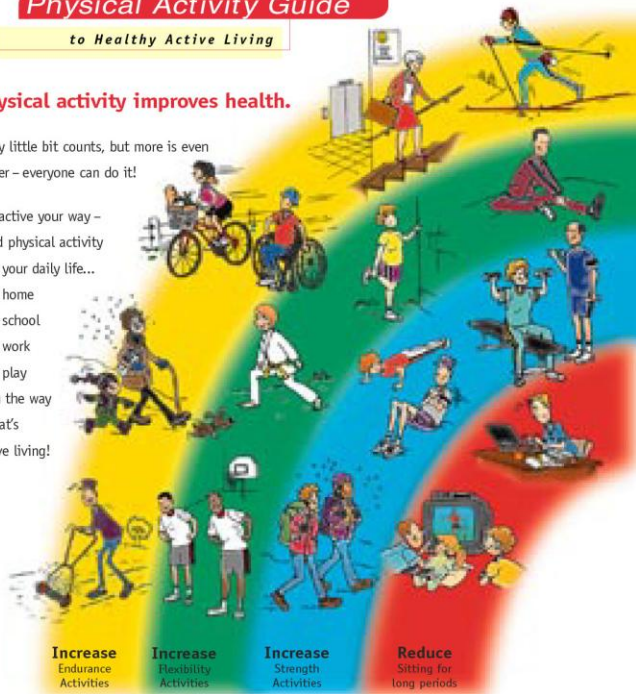


Physical activity improves health.

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!



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 60 minutes	Light Effort 30-60 minutes	Moderate Effort 30-60 minutes	Vigorous Effort 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 • Fast swimming • Fast dancing	• Sprinting • Racing
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:	Health risks of inactivity:
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.

For more information, 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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