

Be Well Studios Intake Form

General Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Most reachable phone: _____ Email: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Relationship to you: _____

Physicians Name: _____ Most reachable phone: _____

Personal Information

What made you decide to do personal training?

What is your primary goal?

What are your favorite activities?

On a scale of 1-10, how would you rate your current fitness level (1=worst, 10=best)?

PAR-Q Health Form (Please Highlight Y or N):

Has a doctor ever said that you have a heart condition and should only partake in physical activity recommended by a doctor? Y or N

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

In the past month, have you had chest pain when staying sedentary? Y or N

Do you lose your balance because of dizziness? Y or N

Do you ever lose consciousness? Y or N

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when exercising? (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc)? Y or N

Are you pregnant now or have given birth within the last six months? Y or N

Have you had a recent surgery? Y or N

Do you take any medications, prescription or non-prescription, on a regular basis? Y or N What is the medication for?

Do you know of any other reason why you should not do physical activity? Y or N If you marked yes to any of the above, please explain below:

Lifestyle Related (Highlight Y or N)

Do you smoke? Y or N If yes, how many per day?

Do you drink alcohol? Y or N If yes, how much per week?

How many hours do you regularly sleep at night?

Describe your job: (i.e., Sedentary, Active, Physically, Demanding)

Does your job require you to travel? Y or N

On a scale from 1-10, how would you rate your stress level? (1=low, 10=high)

List your 3 biggest sources of stress

- 1.
- 2.
- 3.

Do you regularly use the services of a massage therapist? Y or N Chiropractor? Y or N

Is anyone in your family overweight? Y or N

Were you overweight as a child? Y or N

Developing Your Fitness Program

How often do you take part in physical exercise? (i.e., 2x a week for 60 mins at a time)

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:

What activities are you presently involved in? (i.e., Cardio/Running/Walking, Strength Training/Pilates, Stretching/Yoga, Sports and/or outdoor activities) List others if needed.

Which area would you like the most assistance with?

Realistically, how often would you like to exercise? _____ per week

Realistically, how much time would you like to spend during each exercise session?

Based on your commitment, how often would you like to see a trainer to help you achieve your goals? (i.e., 3x/week 2x/week 1x/week 2x/month 1x/month)

What are the best days during the week for you to commit to your exercise program? (Highlight all that apply) M T W Th F Sat Sun

What are the best times for you to exercise? (i.e., Morning Afternoon Evening)

If you could design your own exercise program, what would an ideal training week look like? Be specific.

What would you ultimately like to learn from a trainer/these session?

Goal Setting (Highlight all that apply)

How can I help you?

Lose Body Fat, Develop Muscle Tone, Reduce Stress, Rehabilitate an Injury, Flexibility,
Lower medications, Nutrition, Education, Sports, Specific Training, Motivation, Fun Accountability,
Training for an Event, Energy, Better Sleep, etc. **Other:**

Please list in order of priority, the goals you would like to achieve in the next 3-12 months:

To increase your chances of being successful at achieving your goals, ensure your goals are "SMART"!

S=Specific (provide details, how much, how long, etc)

M=Measurable (how will you measure when you have reached your goals)

A=Attainable (be realistic, set smaller goals)

R=Rewards-based (attach a reward to each goal)

T=Time (set specific dates for goals)

List goals below:

- 1.
- 2.
- 3.

How important is it for you to achieve these goals? (Highlight one)

Not important, Semi-important, Very important

How long have you been thinking about these goals?

How will you feel once you have achieved these goals?

Where do you rate health in your life? (Highlight one)

Unhealthy, Fair Average, Good

Where does your spouse/significant other/family rate health in their lives? (Highlight one)

Unhealthy, Fair Average, Good

What do you think is the most important thing your trainer can do to help you accomplish these goals?

List what you feel are the obstacles or potential actions, behaviors or activities that could impede your progress towards accomplishing your goals?

- 1.
- 2.
- 3.

List three methods that you plan to use to overcome these obstacles

- 1.
- 2.
- 3.

Nutrition (Highlight Y or N)

On a scale from 1-5, how would you rate your nutrition (1=poor, 5=excellent)?

How many times throughout the day you eat?

Do you skip meals? Y or N

Do you eat breakfast? Y or N

Do you eat late at night? Y or N

What activities do you engage in while eating (TV, reading, etc)?

How many glasses of water do you consume daily?

Do you have decreased energy throughout the day or changes in mood? Y or N

What kinds of food do you regularly eat?

Do you know how many calories you consume in a day? Y or N If yes, how many?

Have you every tracked your food intake (i.e. food diary)? Y or N

Are you currently taking a multi-vitamin or any other supplements? Y or N

How often do you eat out on a weekly basis?

Do you do your own cooking? Y or N

Do you do your own grocery shopping? Y or N

Besides hunger, what other reasons do you eat? (Highlight all that apply)

Bored, Social situations, Stressed, Tired, Depressed, Happy, Nervous

Do you eat mostly processed food or freshly prepared food?

Do you eat foods high in fat and sugar? Y or N

Do you eat past the point of fullness? Y or N

Do you prefer salty or sugary foods?

Do you read nutrition labels? Y or N If yes, what do you look at?

List three areas that you would like to improve in the nutrition area:

- 1.
- 2.
- 3.

Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent to being physically active or working with a personal trainer.

Participant Release and Acknowledgement of Agreement

Please allow 24 hours' notice if you need to cancel or reschedule your appointment.

I, __ (your name) __, wish to participate in the exercise and training program offered by Be Well Studios. 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. 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. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk. I also agree to provide Be Well Studios with my physician's contact information so that Be Well Studios may receive direct clearance and program recommendations/limitations from my physician. I further agree that Be Well Studios shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors or in any fitness facility), and I expressly release and discharge Be Well Studios 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 and injury caused by an 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 understand that Be Well Studios will make every reasonable effort to preserve the privacy of the information contained in this Client Intake Form. I further agree that Be Well Studios shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Intake Form and I expressly release and discharge Be Well Studios from all claims, actions, judgment and the like which I or my heirs, executors, administrators, or assigns may have or claim to have because of any damage which may occur in connection with disclosure of private information contained in the Client Intake Form. 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 requested 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 Be Well Studios of any condition or changes in my health, now and ongoing, 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 participations 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 Be Well Studios. I have read and understand this term:

_____ (initial)

I understand that 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)

Client signature:

Date: