

**ASSESSING YOUR NEEDS:** 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: _____	
	M	D	Y	
Address: _____	Street	City	State	Zip Code
Phone: (h) _____	(w) _____	(other) _____		
Email address: _____				
Occupation: _____				
Physician's Name: _____	Physician's Phone: _____			
Physician's Address: _____	Street	City	State	Zip Code
Maxwell Fitness LLC may send information regarding your physical exercise program to your physician unless you request otherwise.				

Why did you decide to invest in Personal Training? Please check 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 \_\_\_\_\_

How did you hear about our Personal Training services? Please check which applies.

- Brochure
- Referral
- Media
- Yellow Pages
- Other \_\_\_\_\_

Why did you choose to train with Kim Maxwell? Please check all that apply.

- Location
- Cost
- Customer Service
- Referral
- Other \_\_\_\_\_

What would cause you to discontinue training with Kim?

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**"Helping You Reach Your Peak!"**

# PAR-Q FORM

Please mark YES or No to the following:

YES NO

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 (i.e. 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? Yes/No

What is the medication for? \_\_\_\_\_

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 glasses 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 would you rate your present fitness level (1=Worst 10=Best)? \_\_\_\_\_

**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 for? \_\_\_\_\_
- 4) What activities are you presently involved in?

Cardio &/or Sports	Frequency/Week	Average Length	Easy/Mod/Hard
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
_____	_____	_____	

List exercises: \_\_\_\_\_

Stretching	Frequency/Week	Average Length
	_____	_____

**Nutrition Related Questions:**

- 1.) On a scale of 1-10, how do you rate your nutrition (1=very poor, 10=excellent)? \_\_\_\_\_
- 2.) How many times per 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 in a day? 1-2 3-4 4-5 5-6 6-7 8+
- 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:

11.) At work or at 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? Circle all that apply.  
Boredom Social Stress Tired Depressed Happy Nervous

16.) Do you eat past the point of fullness? OFTEN SOMETIMES NEVER

17.) Do you eat food high in fat and sugar? OFTEN SOMETIMES NEVER

18.) List 3 areas of your nutrition you would like to improve: 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

### Goal Setting:

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 your trainers can do to help you achieve your fitness goals?

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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. \_\_\_\_\_

### Developing your Fitness Program:

1. Please circle how you prefer to exercise:

a.)    INSIDE            OUTSIDE            COMBINATION

b.)    LARGE GROUPS      SMALL GROUPS      ALONE            COMBINATION

c.)    MORNING      AFTERNOON      EVENING      WEEKEND

2.) Realistically, how often per week would you like to exercise? \_\_\_\_\_x/week

3.) Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_

4.) What are the best days of the week for you to commit to your exercise program?

      M      T      W      TH      F      S      SU

5.) 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	TUES	WED	THURS	FRI	SAT	SUN

### ***The Gift of Fitness:***

*Maxwell Fitness LLC relies on happy clients telling others about our services. We may both be able to make a huge difference in somebody's life. Please take the time to consider the names of friends or family members who you would like to offer a complimentary consultation. Once you discuss this with them, please have them call Kim or tell Kim about them and she will give them a call to set up a consult.*

## **PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

- 1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Maxwell Fitness LLC. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. I agree that Maxwell Fitness LLC & Balance For Life Fitness Center, Inc. shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at Balance for Life Fitness Center, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Maxwell Fitness LLC and Balance For Life Fitness Center, Inc., 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)

- 2) 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)

- 3) 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)

- 4) 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)

- 5) I understand that all personal training rates are based on 60-minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

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

- 6) I understand that Maxwell Fitness LLC bills its Personal Training clients 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. Checks are to be made payable to Kim Maxwell. I

understand that all Personal Training sessions have expiration dates and are non-transferable (without the permission of your trainer) and non-refundable.

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

- 7) I understand that Maxwell Fitness LLC operates 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 a session with 24-12 hours prior notice, I will be charged 50% for that session. Should I cancel a session with LESS than 12 hours prior notice, I will be charged in full for that session. I understand that Maxwell Fitness LLC recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

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

- 8) I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

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

- 9) 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)

- 10) I understand that should my Personal Trainer become ill or is away on holidays, another trainer may be assigned to me so that my fitness progress does not suffer.

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.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
PERSONAL TRAINER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE