



CLIENT INFORMATION

Name: _____

Address: _____ City _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Text: YES: _____ NO: _____

Birthdate: ____/____/____ Age: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Physician's Phone: _____

Physician's Address: _____

What are your goals? Please check all that apply.

lose body fat
 develop muscle tone
 start an exercise program
 nutrition education
 safety
 increase strength
 improve balance
 improve flexibility
 have fun
 Other: _____

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:

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 fitness goals?

If you answered YES to one or more questions:

- Talk with your doctor by phone or in person before you start becoming more physically active or before you have a fitness assessment or start a program. 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 that are safe for you. Talk with your doctor about kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can be reasonably be 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 assessment. This can determine your base-line strength and help determine the best program choice for you.

Lifestyle Questions:

Do you smoke? YES NO If yes, how many? _____

Do you drink? YES NO If yes, how many drinks per week? _____

How many hours do you regularly sleep at night? _____

Describe your job: ___ Sedentary ___ Active ___ Physically demanding

Does your job require travel? YES NO

On a scale of 1-10 how would you rate your stress level? (1= very low 10=very high) _____

List your 3 biggest sources of stress: _____, _____, _____

Is anyone in your family overweight? ___Mother ___Father ___Sibling ___Grandparent

Were you overweight as a child? YES NO If yes, at what age(s)? _____

Fitness History:

When were you in the best shape of your life? (And what were you doing?) _____

Have you been exercising consistently for the past 3 months? YES NO

When did you first think about getting in shape? _____

What if anything stopped you in the past? _____

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

Nutrition Questions:

On a scale of 1-10, how would you rate your nutrition? (1=very poor 10=excellent) _____

How many times a day do you usually eat? (including snacks) _____

Do you skip meals? YES NO Do you eat breakfast? YES NO

Do you eat late at night? ___Sometimes ___Often ___Never

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

How many glasses of water do you consume daily? _____

Do you feel drops in your energy levels throughout the day? YES NO If yes, when? _____

Do you know how many calories you eat per day? YES NO If yes, how many? _____

Are you currently taking any multivitamins or food supplements? YES NO If so, please list: _____

At work our school, do you usually: ___eat out ___bring food

How many times a week do you eat out? _____

Do you do your own grocery shopping? YES NO

Do you do your own cooking? YES NO

Besides hunger, what other reason(s) do you eat?

___boredom ___social ___stressed ___tired ___depressed ___happy ___nervous

Do you eat past the point of fullness? ___often ___sometimes ___never

Do you eat foods high in fat and sugar? ___often ___sometimes ___never

List 3 areas of your Nutrition you would like to improve:

a. _____ b. _____ c. _____

Exercise Related Questions: skip to the next section if you are presently inactive

How often do you take part in physical exercise?

5-7x/week

3-4x/week

1-2x/week

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: _____

How long have you been consistently physically active for? _____

What activities are you presently involved in?

Cardio &/or sport

Frequency/Week

Average length

Easy/Mod/Hard

Strength Training	Frequency/Week	Average length	Easy/Mod/Hard
_____	_____	_____	_____
_____	_____	_____	_____
Stretching	_____	_____	_____

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 - are these reachable for you, can you vision yourself at these goals?
- R= Realistic - are these goals realistic for you based on your ability, health, time, etc.
- T= Time frame - set specific dates for goals

What are the health and fitness goals that you would like to achieve in the next 12 months? (What do you vision yourself doing at the end of one year?)

(ex: I will be exercising 5 days a week for 45 minutes. I will be leaner by 15 pounds. I will be meditating twice a week for relaxation.) Use "I will" opposed to "I would like to be"!

- A. _____
- B. _____
- C. _____

What you're your health and fitness goals for the next 3 months? Be realistic knowing that you are working toward your one-year goal.

- A. _____
- B. _____
- C. _____

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

Where do you rate health in your life? ___low priority ___medium priority ___high priority

How committed are you to achieving your fitness goals? ___very ___semi ___not very

Outline what you feel could be obstacles or barriers (could be behaviors or activities) that would impede your progress towards accomplishing your goals? (i.e. not training consistently, vacations, busy at work, not following program, allowing others to become a priority over my wants)

Describe 3 methods that you will plan to use to overcome these obstacles/barriers:

- A. _____
- B. _____
- C. _____

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

I, _____, wish to participate in the exercise and training programs offered by bFit Studio, L.L.C. 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 bFit Studio, L.L.C., or any of their contracted third party trainers/instructors, shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge bFit Studio, L.L.C. its owners, employees, agents, and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assign may have 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 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 has been attained if I have answered "Yes" to any of the questions of the PAR-Q form. I understand and agree that it is my responsibility to inform bFit Studio, L.L.C. and my 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 or exercise 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 instructor/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 that all personal training rates are based on 55 minute sessions (excepting specialty programs) and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my trainer is late for a session, I will still receive the full session time.

I have read and understand this term: _____ (initial)

I understand that bFit Studio, L.L.C. bills all clients on a pre-pay basis. I understand that all sessions/group training are non transferable and non refundable. I also understand that there is an expiration date to training packages and must be redeemed within that time frame.

I have read and understand this term: _____ (initial)

I understand that bFit Studio, L.L.C. operates on a scheduled appointment basis and thus, requires that I provide a 24 hour notice when canceling an appointment. No charge will be levied should I cancel and reschedule with more than 24 hours notice given. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that bFit Studio, L.L.C. recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term: _____ (initial)

I understand that should my trainer/instructor become ill or is away on holidays, another trainer/instructor may be assigned to me so my fitness program does not suffer. I also understand that in the event that my trainer/instructor is no longer working as an independent contractor at bFit Studio, L.L.C, a suitable trainer/instructor will be re-assigned to oversee my program and workout sessions.

I have read and understand this term: _____ (initial)

I have read this Release of Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT (PRINT)

PILAR COBB

SIGNATURE

DATE