



## PERSONAL TRAINING CLIENT INFORMATION FORM

Congratulations for choosing a Personal Trainer at The Birdcoop! To help you not only reach but also excel with your fitness and lifestyle goals. The information you provide below aids your Personal Trainer to develop the best -suited program for your needs. All information provided below is confidential.

**\*\*\*\*PLEASE COMPLETE AND RETURN THIS FORM TO THE BIRDCOOP PRIOR TO YOUR 1<sup>ST</sup> SESSION.\*\*\*\***

Name: \_\_\_\_\_ Trainer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sedentary or Active

E-mail: \_\_\_\_\_ Best time and way to be contacted: \_\_\_\_\_

### **HEALTH QUESTIONNAIRE**

When was your last medical check up? \_\_\_\_\_

Do you smoke? YES or NO

Do you have any heart conditions? YES or NO

Do you ever experience pain in your chest while exercising? YES or NO

Is your blood pressure high? Yes or NO Medication: \_\_\_\_\_

Do you ever lose balance because of dizziness or lose consciousness? YES or NO

Do you have any muscle, bone or joint conditions? YES or NO \_\_\_\_\_

Do you have any of the following conditions or any other conditions we should know about? Diabetes, arthritis, asthma? \_\_\_\_\_

Do you suffer back pain or any other pain? YES or NO \_\_\_\_\_

Have you had any surgery in the past two years? YES or NO If yes please explain:

\_\_\_\_\_

Do you know any other reason why you should not do physical activity? YES or NO

Please explain: \_\_\_\_\_

## LIFESTYLE AND FITNESS

Are you taking any medications, vitamins or supplements? YES or NO If yes please list:

\_\_\_\_\_

List any potential "sabotage activities" IE: junk food, alcohol, desserts etc:

\_\_\_\_\_

How physically active are you presently? Times per week: \_\_\_\_\_ Length: \_\_\_\_\_

Type: \_\_\_\_\_

If your fitness level is low please explain why? \_\_\_\_\_

Best time to exercise? \_\_\_\_\_ Times per week wanted: \_\_\_\_\_

Have you had a Personal Trainer before? YES or NO

### GOAL SETTING

Check off the areas you would like to improve on. Please prioritize... number 1 being most important to you.

Increase Energy: _____	Decrease health risks: _____	Sleep better: _____
Gain lean muscle: _____	Improve eating habits: _____	Reduce stress: _____
Reduce body fat: _____	Decrease injury pain: _____	Increase health: _____
Tone and shape: _____	Other: _____	

Goal: \_\_\_\_\_ Achievement date: \_\_\_\_\_

### AREAS TO IMPROVE

Please list the areas below that you most want to improve. (IE: Abs, arms, lower back etc.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

### MOTIVATION SCALE 1 – 10 (please circle one)

(Not very motivated) 1 2 3 4 5 6 7 8 9 10 (Very motivated)

### INFORMED CONSENT

I, \_\_\_\_\_, on \_\_\_\_\_ understand the risks related to starting an exercise program. I have signed a Birdcoop Waiver. This is my informed consent to be placed on a personal exercise program with my Personal Trainer to improve my overall wellness.

**Please note: Trainers require 24 hours cancellation notice for a booked session.  
If it is less than 24 hours you will be charged for the session.**

\_\_\_\_\_  
Witness name

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_

\_\_\_\_\_