

PRE-PARTICIPATION SCREENING

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Sex: _____ Telephone: _____ Email: _____

Address: _____

City: _____ State: _____

Emergency Contact Information (Skip section if completing online)

Name: _____ Relationship: _____

Telephone: _____ Email: _____

City: _____ State: _____

Physician Information (Skip section if completing online)

Name: _____ Telephone: _____

Hospital/Clinic: _____ Email: _____

Physician's Specialty: _____ City: _____ State: _____

Are you currently under a doctor's care: Yes / No

If yes, explain: _____

Medical History Questionnaire

Assess your health status by marking all true statements.

CURRENT _____

When was the last time you had a physical examination? _____

Have you ever had an exercise stress test: Yes / No

If yes, what were the results: _____

Do you take any medications on a regular basis? Yes / No

If yes, please list medications and reasons for taking: _____

Have you been hospitalized recently? Yes / No

If yes, please explain: _____

Have you had surgery recently? Yes / No

If yes, please explain: _____

Do you have any back pain: Yes / No

Do you have any joint or muscle pain/injury? Yes / No

If yes, please explain: _____

Do you smoke? Yes / No

Do you drink alcohol more than three times/week? Yes / No

Is your stress level high? Yes / No

Are you moderately active on most days of the week? Yes / No

HISTORY

Have you had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

If you marked **any** of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You **will have to obtain written medical clearance** from your physician and may need to use a **facility with a medically qualified**

Symptoms:

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, or blackouts.
- You take heart medications.

Other Health Issues

- You have diabetes.
- You have asthma or other lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You are pregnant.

Cardiovascular Risk Factors

- You are a man older than 45 years.
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.
- You smoke, or quit smoking within the previous 6 months.
- Your blood pressure is > 140/90 mmHg.
- You do not know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is >200 mg/dL.
- You do not know your cholesterol level.
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister).
- You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days/week).
- You take prescriptions medication(s).
- You are >20 pound overweight.

If you marked **two or more** statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may have to obtain written medical clearance from your physician and you might benefit from using a facility with a **professionally qualified exercise** staff to guide your exercise program.

None of the above

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs.

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. HPT assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, please consult your doctor prior to physical activity.

To the best of my knowledge, the above information is true.

Print Name: _____

Signature: _____ Date: _____

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 questions.

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

DECLARATIONS: This Agreement is entered into between personal trainer _____ (“Trainer”) and the undersigned (“Client”). The provision of personal training services by Trainer to Client, and Client’s use of any premises, facilities or equipment are contingent upon this Agreement.

ASSUMPTION OF RISK: You agree that if you engage in any physical exercise or activity, including personal training, or enter our premises or use any facility or equipment on our premises for any purpose, you do so at your own risk and assume the risk of any and all injury and/or damage you may suffer, whether while engaging in physical exercise or not. This includes injury or damage sustained while and/or resulting from using any premises or facility, or using any equipment, whether provided to you by Trainer or otherwise, including injuries or damages arising out of the negligence of Trainer, whether active or passive, or any of Trainer’s affiliates, employees, agents, representatives, successors, and assigns.

Your assumption of risk includes, but is not limited to, your use of any exercise equipment (mechanical or otherwise), sports fields, courts, or other areas, locker rooms, sidewalks, parking lots, stairs, pools, whirlpools, saunas, steam rooms, lobby or other general areas of any facilities, or any equipment.

You assume the risk of your participation in any activity, class, program, instruction, or event, including but not limited to weightlifting, walking, jogging, running, aerobic activities, aquatic activities, tennis, basketball, volleyball, racquetball, or any other sporting or recreational endeavor.

You agree that you are voluntarily participating in the aforementioned activities and assume all risk of injury, illness, damage, or loss to you or your property that might result, including, without limitation, any loss or theft of any personal property, whether arising out of the negligence of Trainer or otherwise.

RELEASE: You agree on behalf of yourself (and all your personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge Trainer (and Trainer’s affiliates, related entities, employees, agents, representatives, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of the negligence of Trainer, whether active or passive, or any of Trainer’s affiliates, employees, agents, representatives, successors, and assigns.

This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b) improper maintenance of any exercise equipment,

premises or facilities, (c) negligent instruction or supervision, including personal training, (d) negligent hiring or retention of employees, and/or (e) slipping or tripping and falling while on any portion of a premises or while traveling to or from personal training, including injuries resulting from Trainer's or anyone else's negligent inspection or maintenance of the facility or premises.

INDEMNIFICATION: By execution of this agreement, you hereby agree to indemnify and hold harmless Trainer from any loss, liability, damage, or cost Trainer may incur due to the provision of personal training by Trainer to you.

ACKNOWLEDGMENTS: You expressly agree that the foregoing release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by the law in the State of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

You acknowledge that Trainer offers a service to his/her clients encompassing the entire recreational and/or fitness spectrum. Trainer is not in the business of selling weightlifting equipment, exercise equipment, or other such products to the public, and the use of such items is incidental to the service provided by Trainer.

You acknowledge and agree that Trainer does not place such items into the stream of commerce. This release is not intended as an attempted release of claims of gross negligence or intentional acts. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability, express assumption of risk and indemnity agreement.

You are aware and agree that by executing this waiver and release, you are giving up your right to bring a legal action or assert a claim against trainer for trainer's negligence, or for any defective product used while receiving personal training from trainer. You have read and voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Print Name: _____

Sign Name: _____

Date: _____

Exercise History and Attitude Questionnaire

Name: _____ Date: _____

General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask for assistance.

1. Rate yourself on a scale of 1 to 5 (1 indicating *Very Low* and 5 indicating *Very High*). Circle the number that BEST applies.

A. Characterize your present athletic ability.

1 2 3 4 5

B. When you exercise, how important is competition?

1 2 3 4 5

C. Characterize your present cardiovascular capacity.

1 2 3 4 5

D. Characterize your present muscular capacity.

1 2 3 4 5

E. Characterize your present flexibility capacity.

1 2 3 4 5

2. Were you a high school and/or college athlete? YES NO

If yes, please specify: _____

3. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation? YES NO

If yes, please explain: _____

4. Do you start exercise programs but then find yourself unable to stick with them? YES NO

5. How much are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

6. What types of exercises interest you?

a. Walking/Jogging Cycling Boxing

b. Sports Plyometrics Resistance training

c. Power lifting Calisthenics CrossFit

d. H.I.I.T. Group exercise Stretching

7. Are you currently involved in regular endurance (cardiovascular) exercise?

YES

NO

If yes, what type of exercise(s) _____

for: _____ minutes/day _____ days/week

8. Rate your perception of the exertion of your exercise program (circle):

(0) N/A

(1) Light

(2) Fairly light

(3) Somewhat hard

(4) Hard

9. How long have you been exercising regularly? _____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?

a. In the past 6 months? _____

b. In the past 5 years? _____

11. Can you exercise during your work day?

YES

NO

Goal Setting

Goal setting is a major aspect to training. It is important that you set the right goals for yourself. Together you and your trainer will you set the goals that are appropriate for you in order to assure that you get the most out of each session. When choosing goals they should be

S.M.A.R.T.

Specific-make your goal as specific as possible. So if your goal is to lose weight try stating the amount of weight, the time frame, and the method of measuring weight (scale or body fat %).

Measurable-to truly evaluate your improvements your goal should be measurable and recordable.

Achievable (action-oriented)-your goal should include the course of action you intend to take in order to complete that goal

Realistic-goals should be challenging but possible. Keep in mind how long you are allowing yourself to reach your goal and make sure that is safe and reasonable.

Time-Oriented-set a realistic timeline to reach your goal

SMART Goal Example:

I want to lose 10% body fat in 6 weeks by resistance training 3 days a week and running for cardio 4 days a week.

12. Please rate your exercise goals using the following scale:

Extremely Important			Somewhat Important				Not Important		
1	2	3	4	5	6	7	8	9	10
a. Improve cardiovascular fitness									_____
b. Body-fat weight loss									_____
c. Reshape or tone my body									_____
d. Gain muscle mass									_____
e. Improve performance for a specific sport									_____
f. Improve moods and ability to cope with stress									_____
g. Improve flexibility									_____
h. Increase strength									_____
i. Improve health									_____
j. Enjoyment									_____
k. Balance									_____
l. Other (_____)									_____

13. Using S.M.A.R.T. goal setting, what specific goal(s) would you like to work towards?

Please mark an **X** in the time slots that you are **AVAILABLE** to train.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							

Personal Training Nutrition Questionnaire

The assessment of nutrition involves looking at four key dietary factors:

- 1) Prudent diet habits referring to general nutrition balance,
- 2) Calorie controlling habits pertaining to weight loss and gain,
- 3) Dietary fat referring to habits that affect cholesterol in the diet,
- 4) sodium or salt control which affects blood pressure.

All four of these dietary factors have an influence as to whether or not your diet contributes to an unusual risk of heart disease.

Complete the questionnaire below to get an idea of where you stand:

- **Answer each question according to your usual eating habits.**
- Place the number corresponding to your answer in the space provided to the left of each question.
- Total these numbers at the end of each category.

PRUDENT DIET

_____ **How much low fat or skim milk, yogurt, and low fat cheese do you consume in a typical day?**

1. 16 ounces low fat milk or yogurt, or 2 ounces of low fat cheese per week.
2. 8 ounces of low fat milk or yogurt or 1 ounce of low fat cheese per day.
3. Only use milk on cereal, seldom eat low fat cheese or yogurt.
4. Do not consume low fat milk, yogurt or cheese at all.

_____ **How often do you choose to eat potato chips, corn chips, taco chips, olives, nut or similar foods as snacks or with a meal?**

- | | |
|--------------------|-----------------------------|
| 1. Never or rarely | 3. 3-4 times per week |
| 2. Occasionally | 4. 5 or more times per week |

_____ **How many servings of fruit do you eat per day?**

- | | |
|--------------|---------|
| 1. 4 or more | 3. 1-2 |
| 2. 2-3 | 4. None |

_____ **How many servings of whole grain breads, cereals, rice, and pasta do you eat each day?**

1. 6 or more
2. 5
3. 3-4 servings
4. Less than 3

_____ **Which describes your consumption of vegetables?**

1. Snack on raw vegetables and eat vegetables/salads with most meals
2. Eat salads and vegetables when served with a meal
3. Only eat vegetables when served with a meal
4. Rarely eat vegetables

_____ **How many 8 ounces glasses of water do you drink in a day? (You may count other beverages of water, provided they do not contain caffeine or alcohol).**

1. 8 or more glasses
2. 5-7 glasses
3. 2-4 glasses
4. One glass or none

TOTAL - PRUDENT DIET

CALORIE CONTROL

_____ **What most closely describes the amount you eat at a time?**

1. Stop eating when full, even if there is still food on the plate.
2. Select a small amount and clean the plate
3. Eat what is served and clean the plate
4. Take second helpings, especially when it tastes good.

_____ **If you wanted to decrease your caloric intake, which would you do?**

1. Cut down on meat, sauces, gravy, desserts, and salad dressings
2. Limit portion sizes
3. Leave off bread and potatoes
4. Follow a crash diet for a few days

_____ **How many alcoholic beverages do you consume?**

1. 0-2 drinks per week
2. 3-5 drinks per week
3. 6-12 drinks per week
4. More than 12 drinks per week

_____ **Do you ever eat until you are so full that you are uncomfortable?**

1. Rarely or never
2. Periodically, 1-2 times a month
3. Regularly, once a week
4. Often, every couple of days

_____ **How many sweets (candy, pastries, cookies, desserts, ice cream, sugar-based beverages) do you eat?**

1. Once a week or less
2. A few servings per week
3. 1-2 servings per day

_____ **Which pattern of eating characterizes you?**

1. Regular meals at frequent intervals
2. Occasionally skipping a meal and/or binge eating
3. Eating regularly for a few days and binge eating when you have leisure time
4. Skipping meals during the day and eating all evening

TOTAL - CALORIE CONTROL

FAT CONTROL

_____ **How many eggs (including yolks) do you eat per week?**

- | | |
|--------------|-----------------------|
| 1. 0-2 times | 3. 6-8 times per week |
| 2. 3-5 | 4. More than 8 |

_____ **How many times per week do you consume red meat (beef steak, Canadian bacon, lamb, ribs)?**

- | | |
|--------------|--------------|
| 1. 0-2 times | 3. 5-6 times |
| 2. 3-4 times | 4. 7 or more |

_____ **When you prepare or eat poultry (chicken, turkey, Cornish hen) which of the following plans so you must closely follow?**

1. Choose white meat, remove skin and prepare by baking or broiling
2. Choose dark meat, skin removed and bake or broil
3. Bake or broil, skin on and serve with gravy
4. Leave the skin on and fry

_____ **When selecting a salad or sandwich, which of the following “fillings” would you choose most often?**

1. Lentils, kidney beans, peas, pinto or garbanzo beans
2. Turkey, chicken, tuna, other lean meats
3. Turkey, chicken, tuna, other lean meats, low fat cheese
4. Ham, pastrami, hamburger, salami, frankfurter, bacon

_____ **When eating dairy products do you select?**

1. Only skim or low-fat products
2. Only look for low-fat products except when selecting ice cream
3. Are not aware of the difference
4. Only enjoy whole fat content dairy products

_____ **If you were having potatoes would you choose?**

1. Boiled or baked with no added fat
2. Boiled or baked with liquid margarine or yogurt
3. Boiled or baked with hard margarine/butter and sour cream
4. French fried, hash browns

TOTAL - FAT CONTROL

SODIUM CONTROL

_____ **How frequently do you add salt to your food after it is served at the table?**

- | | |
|-----------------------|---------------------------|
| 1. Never | 3. Once a day |
| 2. 1-2 times per week | 4. With almost every meal |

_____ **How frequently do you add salt to your food?**

- | | |
|-----------------------|---------------------------|
| 1. Rarely or never | 3. Once a day |
| 2. 1-2 times per week | 4. With almost every meal |

_____ **In what form do you most frequently purchase food for meal preparation?**

- | | |
|----------------------------------|--|
| 1. Fresh | 3. Canned without sauces |
| 2. Canned or frozen without salt | 4. Canned, frozen or dry with sauces and/or seasonings |

_____ **While preparing meals or when eating out, how frequently do you add any or all of the following items to your food? Mustard, pickles, relish, soy sauce, ketchup, meat tenderizer, MSG?**

- | | |
|-----------------------|-----------------------|
| 1. Rarely or never | 3. 3-4 times per week |
| 2. 1-2 times per week | 4. Daily |

_____ **How often do you use canned soups or dry soup/broth mixes?**

- | | |
|-----------------------|-----------------------|
| 1. Rarely or never | 3. 3-4 times per week |
| 2. 1-2 times per week | 4. Daily |

TOTAL - SODIUM (SALT) CONTROL

NUTRITION ASSESSMENT PROFILE

PRUDENT DIET

_____ (SCORE)

CALORIE CONTROL

_____ (SCORE)

FAT CONTROL

_____ (SCORE)

SODIUM CONTROL

_____ (SCORE)

Score Results for Each Section

Excellent	6-8
Good	9-12
Fair	13-16
Poor	17-20
Very Poor	21-24

DIET GUIDELINES:

Your daily caloric intake should be broken down as follows:

55% (65% for Athletes) Carbohydrates 20-35% Fat 10-35% Protein

Carbohydrate intake should be 3-12g per kg of body weight

Carbohydrates provide 4 kcal/gram of energy

Good sources: Grains, legumes, seeds, pasta, fruits, vegetables, etc.

Protein intake should be 0.8g (1.2-1.7g for athletes) per kg of body weight

Protein provides 4 kcal/gram of energy

Good sources: Meat, poultry, fish, yogurt, eggs, milk, legumes with cereal grains

Recommended Fat intake should be around 25% of daily caloric expenditure

Fat provides 9 kcal/gram of energy

Sources: Oil, butter, margarine, fatty meats, fried foods, prepared meats, whole dairy

*****Trainer will complete the bottom of this page*****

Total Daily Energy Expenditure (TDEE): _____ kcal

Daily Carbohydrate Intake [TDEEx(0.55:0.65)]: _____ kcal

Daily Protein Intake [TDEEx(0.10:0.35)]: _____ kcal

Daily Fat Intake [TDEEx(0.20:0.35)]: _____ kcal

Nutrition Plan

You can improve your score in each nutrition category by incorporating these strategies into your lifestyle. Select three strategies from each category below to improve your nutrition rating. Check the strategies that you would like to adopt. If you scored in the good or excellent category only one or two strategies need to be checked.

Prudent Diet Strategies

- Drink 6-8 glasses of water each day
- Drink less coffee and regular/diet soda
- Consume at least 2 servings of low-fat dairy products each day
- Eat more dark green and deep yellow-orange fruits and vegetables (e.g. spinach, greens, broccoli, carrots, cantaloupe, peaches, or yams)
- Intake a good source of vitamin C daily (e.g. oranges, grapefruit, tomatoes, or juices from these fruits)
- Select whole grain breads and cereals, including bran products
- Eat raw fruits and vegetables whenever possible

Calorie Control Strategies

- Limit intake of sweets (e.g. candy, cookies, syrup, jelly, desserts, pastries, donuts, and sweet rolls)
- Cut down on alcohol consumption
- Refuse second helpings
- Eat smaller portions
- Stop eating when you are full
- Cut down on toppings and condiments (sweet and high fat additions)
- Avoid high fat and “junk” foods

Reducing Fat Strategies

- Limit intake of beef and pork to three servings per week
- Eat more fish, skinless poultry and non-meat protein sources
- Select low-fat dairy products (e.g. skim milk, low fat yogurt, sherbert, frozen yogurt, low fat cottage cheese)
- Reduce intake of eggs yolks
- Reduce toppings and condiments (e.g. cream, sour cream, non-dairy creamers, salad dressings, guacamole, gravy, sauces)
- Avoid fried foods
- Choose baked, broiled, boiled, steamed, poached, and marinated foods
- Remove visible fat from meat and skin from poultry
- Limit intake of butter and margarine

Reducing Sodium Strategies

- Eliminate salt at the table and reduce salt in cooking
- Cut down on use of condiments (e.g. mustard, ketchup, pickles, relish, soy sauce, steak sauce, MSG, and meat tenderizers)
- Avoid “fast food” restaurants
- Rarely eat convenience foods (e.g. canned soups, dried soup mixes, TV dinners, boxed prepared foods)
- Substitute processed snacks and spreads for raw fruits and vegetables (e.g. chips, nuts, dips, cheese spreads, pretzels, and crackers.)