

CLIENT INFORMATION

All information will be held in strict confidence.

Name: _____ Date: _____

Address: _____

Telephone: _____ (H) _____ (B)

E-mail: _____ (H) _____ (B)

Preferred means of contact: home telephone business telephone e-mail any

Occupation: _____

Date of birth: _____ Height: _____ Weight: _____

1. Please describe your health concerns, if any, below:

Health Concern/Surgery	Date (approximate)	Related Exercise Limitations
<i>e.g., knee surgery (right)</i>	<i>December 1998</i>	<i>no running or squats; some stretches uncomfortable</i>

2. Please list the health professionals with whom you are presently consulting, if any:

Health Professional	Health Concern	General Recommendations
<i>e.g., massage therapist</i>	<i>back and neck tension</i>	<i>daily stretching, Obus Forme back support at desk/in car</i>

3. Do you take any prescription or non-prescription medication on a regular basis or with high frequency? yes

no

Reason for medication: _____

Pharmaceutical name: _____

Frequency: _____ Dosage: _____

4. How do you describe your understanding of "healthy eating habits"?

excellent good fair poor very poor

5. How do you describe your current eating habits?

excellent good fair poor very poor

6. Do you smoke? yes no occasionally

7. Describe your current exercise regime, if any. (e.g., walk the dog 3x per week; swim 2x a week)

8. Describe your past exercise regime, if any. (e.g., belonged to a tennis club from '97 – '98 and played 2x per week.)

9. What exercise equipment do you own or have access to, if any?

10. Do you know what type of cardiovascular activity (i.e. walking, running, cycling, rowing, cross-country skiing etc.) you would like to include in your exercise program? If yes, please specify.

11. What are your long-range health and fitness goals?

12. Why have you decided to hire a personal trainer?

13. What is/are the most important thing(s) that I can do to help you achieve your fitness goals?

14. What additional information about yourself can you provide that will assist me in developing a successful exercise program for you?

Thank you!

INFORMED CONSENT

I, _____ have enrolled in a program of strenuous physical activity including but not limited to aerobic conditioning, weight training and stretching. I hereby affirm that I am in healthy condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

I consider of my participation in an exercise program with *Your Body You*, I myself, Jodie Mulder my heirs and assigns, hereby release *Your Body You* and *Jodie Mulder* from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I can injure myself as a result of my participation in an exercise program and I thereby release *Your Body You* and *Jodie Mulder* from any liability now or in the future including but not limited to muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back/foot injuries, heart attacks, death and any other illness, soreness or injury however caused, occurring during or after my participation in the exercise program.

I am committed to making a positive change in my health through my participation in this program. I understand that certain elements of this program can be physically demanding and that I will need to change various aspects of my lifestyle in order to realize the goals I have set for this program.

I hereby affirm that I have read and fully understood the above information.

Signature

Date