

CLIENT INFORMATION

All information will be held in strict confidence.

Name: _____ Date: _____

Mailing 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

If yes, Have you ever tried to quit? If so, how long and why did you go back?

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, _____ consideration 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.

Fees are agreed upon depending on billing, individual or group session pricing and are paid in advance at the beginning of every month. See pricing on website www.yourbodyyou.com & policy and procedures below

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

Signature

Date

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

The answers to the following questions identify those for whom physical activity might be inappropriate and those who should seek medical advice prior to commencing an exercise program.

Read the following questions. Write *yes* or *no* beside each question.

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Do you know of any other reason why you should not participate in physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Do you feel pain in your chest when you do physical activity?

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature

Date

POLICIES

Rescheduling and Cancellation Policy

If you need to cancel your session, let me know at least **24 hours** prior to session, and earlier if possible so I can reschedule you for a later date within the month.

If you don't contact me to reschedule/cancel at least **24 hrs** in advance, no refund or rescheduling will be offered.

Billing and Invoice Policy

All sessions are booked and invoiced monthly, at the beginning of the month. Any cancellations during the current month need to be re-scheduled within that month or the paid session is lost.

Credit can not be applied to the following month in the case of holidays taken during the current month. Time off and known holidays need to be discussed at least the week prior to the future invoicing months start to ensure correct invoicing.

Trainer Illness/Absence

In the event of my absence I will make every attempt to provide quality instruction with replacement staff or credit will be given to clients who miss their sessions because of my illness.

Session Timelines

Due to the busyness of Your Body You. Session start and end times are set in stone. (i.e. If you are late for your session you can not run into the next session to make up for your missed times. If you are early for your session, you are welcome to do cardio until your session time begins, but please be respectful of clients in session in progress and do not interrupt the session)

General Procedures

Please leave outdoor shoes/boots upstairs on mat, bring indoor shoes or leave indoor shoes in change room provided to ensure cleanliness of gym.

Park in driveway when possible, at end of road or on our side of street (in front of our house only) to keep neighbors happy.

Signature _____

