



Getting To Know You

Welcome to Connect Fitness!

Congratulations! You've made the first step to changing your life with fitness. Your trainer is ready and excited to create a program just for you that is fun, safe and effective based on your fitness level, goals and interests. Please fill out this form prior to your initial consultation with your trainer. All information received on this form will be treated as strictly confidential. This is a tool for your trainer to best empower you to connect with a healthier you!

Full Name: _____

Date of Birth ____/____/____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (F) _____

Email address: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Physical Activity Readiness Questionnaire

Yes No

1. Has your doctor ever said you have a heart condition and that you should only do exercise recommended by a doctor? _____

2. Do you feel pain in your chest when you do physical activity? _____

3. In the past month have you had chest pain when you were not doing physical activity? _____

4. Do you lose your balance because of dizziness or do you ever lose consciousness? _____

5. 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, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments back problems, etc.)? _____

6. Is your doctor currently prescribing you drugs (for example water pills) for your blood pressure or heart condition? _____

7. Are you pregnant or have given birth in the last 6 months? _____

8. Have you had a recent surgery? _____

9. Do you have any **current** health conditions or injuries that you are under-going treatment for? _____

10. Do you have a disability, or **past** health conditions/ injuries that may affect the way you participate in physical activity? _____

11. Please list and explain any medication you are taking.

If you marked Yes to any of the above, please elaborate below:

If you answered yes to one or more of the above questions, you must receive medical clearance from a physician before engaging in a fitness program. Your trainer will provide you with the appropriate form to have completed by your physician.

If the answer to any of the above questions changes in the time you are working with a fitness trainer, notify them immediately.

Activity Profile:

12. Are you currently active? YES NO

13. If yes, describe how often you participate in each activity.

14. Are you training for a specific event, occasion or sport?

15. What time of the day do you prefer to exercise?

16. Where do you prefer to exercise? HOME GYM OFFICE OUTDOORS

17. What workout facilities and equipment do you have access to?

18. What are your favorite sports/ physical activities?

19. Are there any new activities you would like to try?

Lifestyle and Nutrition:

Part of making the commitment to a healthier you is being aware of what you put into your body. If you would like your trainer to coach you on making healthy lifestyle and nutrition decisions please fill out questions 20-28.

20. Do you smoke? YES NO

21. Do you drink alcohol? YES NO If yes, how often? _____

22. How many hours of sleep a night do you normally get? _____

23. Does your job require you to be physically active? Explain.

24. Describe your normal eating **times** throughout the day (meals & snacks).

25. How many glasses of water do you drink a day? _____

26. Do you do your own cooking? YES NO

27. How often do you eat out? _____

28. On a scale of 1- 5, 1 being poor, 5 being excellent, how would you rate your current nutrition _____

What you are going to Achieve:

29. What are your **Top 3 Goals** your Trainer can help you achieve? (Be SMART: **S**pecific, **M**easurable, **A**ttainable, **R**ewards based, **T**ime Frame).

a)

b)

c)

30. Create your ideal workout regime below in as much detail as you can. Let your trainer know what time of day, where, how often, and how long you like to exercise. What type of exercises do you like to do (cardio, strength, circuit, relaxation, flexibility etc?)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

31. What is the most important thing your trainer can do to help you achieve your goals?

32. How did you hear about Connect Fitness? _____

At Connect Fitness we want to provide an excellent service to each client. I am always taking feedback on how we can serve you the best. Email me at Chrissy@connectfitness.com.