

Date: ____/____/____

Initial Consultation

Personal Information

Name: _____

Address: _____

City : _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Date of Birth: ____/____/____ Age: _____

How do you prefer I contact you?: _____

How did you hear about Tym 4 Me Fitness?: _____

Goals

Your primary reason(s) for visiting Tym 4 Me Fitness?: _____

What are your top three fitness/nutrition goals?

1. _____

2. _____

3. _____

Do you have a specific time frame you are looking to achieve these goals in? _____

Current Health

Medications (Prescription & Non-Prescription): Yes No

If yes, what kind: _____

Do any of your medications affect your ability to exercise or achieve fitness goals?: _____

Asthma: Yes No

If yes, what type?: _____

Heart History: Yes No

If yes, what type?: _____

Surgery: Yes No

If yes, what type? _____

Arthritis: Yes No

If yes, what type? _____

Previous Injuries

Neck Problems: _____

Shoulder Problems: _____

Elbow Problems: _____

Wrist Problems: _____

Back Problems: _____

Hip Problems: _____

Knee Problems: _____

Circle any you have/had: Spinal Trauma/Tendonitis/Bursitis/Broken Bones/Joint Injuries

If circled above, please explain: _____

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? Yes No

Do you frequently have pains in your chest when you perform physical activity? Yes No

Have you had chest pain when you were not doing physical activity? Yes No

Do you lose your balance due to dizziness or do you ever lose consciousness? Yes No

Do you have bone, joint, or any other head problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? Yes No

Are you pregnant now or have you given birth within the last 6 months? Yes No

Have you had a recent surgery? Yes No

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

Lifestyle

Do you smoke? Yes No If yes, how many a day/week?: _____

Do you drink alcohol? Yes No If yes, how many glasses a week?: _____

How many hours do you regularly sleep at night?: _____

Describe your job: Sedentary Active Physically Demanding

Does your job require travel? Yes No

On a scale of 1-10 how would you rate your stress level (1 = minimal 10=very high)

List your three biggest sources of stress

1.: _____

2.: _____

3.: _____

Is anyone in your family overweight? Mother Father Brother/Sister Grandparent

Were you an overweight child? Yes No If yes, at what age(s)?: _____

Fitness History

When were you in the best shape of your life?: _____

Have you been exercising consistently for the past 3 months? Yes No

When did you first start thinking about getting in shape?: _____

What (if anything) stopped you in the past?: _____

On a scale of 1-10, how would you rate your present fitness level (1 = Worst 10 = Best)?: _____

Nutrition

On a scale of 1-10, how would you rate your nutrition (1=very poor 10=excellent)?

How many times a day do you usually eat (including snacks)?: _____

Do you skip meals? Yes No

Do you eat breakfast? Yes No

Do you eat late at night? Sometimes Often Never

What activities do you engage in while eating? (TV, Reading, etc.): _____

How many glasses of water do you consume daily?: _____

Do you feel drops in your energy levels throughout the day? Yes No If yes, when?: _____

Do you know how many calories you eat per day? Yes No If yes, how many?: _____

Are you current or have you ever taken a multi vitamin or any other food supplements? Yes No

If yes, please list:: _____

At work or school, do you usually: Eat Out Bring food

How many times per week do you eat out?: _____

Do you do your own grocery shopping?: _____

Do you do your own cooking? Yes No

Besides hunger, what other reason(s) do you eat?

Boredom Social Stressed Tired Depressed Happy Nervous

Do you eat past the point of fullness? Often Sometimes Never

Do you eat foods high in fat and sugar? Often Sometimes Never

List three areas of your nutrition you would like to improve:

1.: _____

2.: _____

3.: _____

Exercise

Skip to next section if you are presently inactive.

How often do you take part in physical exercise? 5-7x/week 3-4x/week 1-2x/week

If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest Illness/Injury Lack of Time Other: _____

How long have you been consistently physically active for?

What activities are you presently involved in?

Cardio/Sports	Frequency/Week	Average Length	Easy/Mod/Hard
---------------	----------------	----------------	---------------

Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
-------------------	----------------	----------------	---------------

List exercises: _____

Stretching	Frequency/Week	Average Length
------------	----------------	----------------

Please circle all the activities that interest you:

- | | | |
|-------------------------|---------------------------|---------------------|
| Aerobic Fitness Classes | Indoor Cycling | Snowshoeing |
| Baseball | Kayaking | Soccer |
| Basketball | Partner Training | Swimming |
| Boxing | Pilates | Tennis |
| Cross Country Skiing | Private Personal Training | Triathlon |
| Football | Racquetball | Volleyball |
| Golf | Rock Climbing | Walking |
| Group Personal Training | Running | Wallyball |
| Hiking | Skiing | White Water Rafting |
| Ice Skating | Snowboarding | Yoga |

Developing Your Fitness Program

Please circle how you prefer to exercise:

- | | | | |
|--------------|--------------|-------------|-------------|
| Inside | Outside | Combination | |
| Large Groups | Small Groups | Alone | Combination |
| Morning | Afternoon | Evening | |

Realistically, how often a week would you like to exercise? ____x/week

Realistically, how much time would you like to spend during each exercise session? _____

What are the best days during the week for you to commit to your exercise program? M T W T F S S

If you could design your own exercise program, what would an ideal training week look like to you?

Please be specific. List your favorite activities, rest days, time spent, etc.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Goal Setting

How can Tym4Me Fitness help you? Please circle all that apply.

- | | | | |
|-----------------------------|--------------------------------|------------------------|---------------------|
| Lose Body Fat | Develop Muscle Tone | Rehabilitate an Injury | Nutrition Education |
| Start an Exercising Program | Design a More Advanced Program | Safety | |
| Sports Specific Training | Increase Muscle Tone | Fun | Motivation |

Other: _____

In order to increase your chances of being successful achieving your goals, a certain protocol should be followed. Please ensure all your goals are "SMART"

- S = Specific (Provide details, how long, how much, etc.)
- M=Measurable (How will you measure whether you've reached your goals)
- A=Attainable (Be realistic, set a smaller goals)
- R=Rewards-Based (Attach a reward to each goal)
- T=Time Frame (Set specific dates for goals)

Please list in order of priority, the fitness goals you would like achieve in the next 3-12 months?

- 1. _____
- 2. _____
- 3. _____

How will you feel once you've achieved these goals? Be Specific.

Where do you rate health in your life? Low Priority Medium Priority High Priority

How committed are you to achieving your fitness goals? Very Semi Not Very

What do you think the most personal thing your Personal Trainer can do to help you achieve your fitness goals? _____

Cancellation Policy

Our primary goal is provide the best possible service to our clientele. In order to accomplish this goal, our company works on an appointment-based schedule to allow you the private and individualized time required for your personal training session.

Because of this schedule, it is important that clients provide their trainer with the proper notice when they need to cancel an appointment. This means a cancellation should be made at least 12 hours before the schedule appointment. Failure to cancel a training session within the time stated above will result in the client being charged for that session.

We understand that in times of emergencies and illness this is not always possible. Circumstances such as these will be taken into consideration.

I have read the above policy and agree to its terms as it applies to my personal training package and trainer.

Signed: _____

Print Name: _____

Date: _____

Waiver and Release of Liability

I, _____, intending to be legally bound, and recognizing the danger involved in physical exercise, do agree as follow:

In consideration for the services rendered by Tym 4 Me Fitness in the establishment of a personal training physical fitness program for my benefit, I agree to waive any rights ,claims, or damages for injuries which may occur as a result of my participation in said fitness/nutrition program.

I understand that Tym 4 Me Fitness is a personal training company and not a medical doctor, and that they will in fact be relying on my representations and disclosures regarding my health and physical condition.

I also do not hold aforementioned institutions liable for any personal injuries, bodily injuries, or property damage while going to and from the aforementioned property.

Signed:_____

Print Name:_____

Date:_____

Refund Policy

No refunds will be given for training sessions. Training sessions will expire 4 months after purchase.

I fully understand the above and will comply with the conditions of this
Service Agreement and Refund Policy.

Signed: _____ Date: _____

Signed: _____ Date: _____