

AFTERBURN PERSONAL TRAINING NEW CLIENT INTAKE FORMS

***Please fill out these forms AFTER you have scheduled your consultation with an AFTERBURN Personal Trainer. These forms are NOT REQUIRED to schedule an appt; they just assist in evaluating potential clients and what trainer to place them with.**

DIRECTIONS: Please fill out these forms with your personal information and email them to **afterburnfitnessclub@gmail.com** before your first meeting with one of our personal trainers. These forms are here to better inform the trainer of what you are looking for and assist in getting the most out of your FREE consult. If you cannot email the information, please print them and bring to your first meeting.

NAME: _____

EMAIL: _____ **PHONE:** _____

AGE: _____ **HEIGHT:** _____ **WEIGHT:** _____

RESTING HEART RATE: _____

AVERAGE DAILY STEPS: _____

TELL US A LITTLE MORE ABOUT YOURSELF...

What are your goals? _____

When would you like to start? _____

Do you have any experience with exercise and proper nutrition? _____

Any injuries or limitations we should know about? _____

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DIRECTIONS: Here is a step by step guide to identify your goals, and how to achieve them by overcoming your barriers!

1) IDENTIFYING YOUR GOALS

What are your top 3 health and fitness goals?

*Please circle all that apply, *star your top 3.*

To be healthier overall

Maintain a healthy weight

Gain muscle and strength

Feel better about myself

Lose weight

Gain weight

Reduce stress

Increase my energy

Other:

2) SMALL STEPS TO BIG GOALS

Working on adjusting your daily activity and incorporating healthy habits into your daily life in small ways will add up to big gains overtime! Recovery is just as important as physical activity. From the list below, identify what you do already or what you can add to your daily lifestyle to increase physical activity, reduce stress, and just feel better.

*Please circle all that apply, *star your top 3.*

Drink more water

Go for a walk or jog

Walk up and down the stairs 1x/hour

Take 5 minutes to stretch

Pack a healthy snack and/or lunch

Avoid eating out/healthier food choices

Take a fitness class

Meditate, yoga, pilates

Other:

3) IDENTIFYING YOUR BARRIERS

Which of the following, if any, are preventing you from achieving your goals?

**These "barriers" may be factors in your life that occupy the majority of your time and because of that, may not allow you to prioritize your own health and wellness.*

Please circle all that apply.

Lack of time

Lack of motivation

Lack of convenience or resources

Fear of injury or other health concerns

Lack of support

Need help making a plan

Don't know where to start

Hate exercise

Other:

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4) BREAK THROUGH YOUR BARRIERS

Let's strategize how to overcome some of your immediate barriers.

1) LACK OF TIME: START HERE!

Think about your weekly schedule. Identify three 30-minute time slots you could set aside for physical activity. Mark those days of the week on the **SCHEDULER (page 2)**.

TIPS: Start with 5, 10, or 15 minutes at a time. Go for a walk or ride a bike, exercise while you watch TV, park farther away, etc. Choose activities requiring minimal time.

2) LACK OF SUPPORT: START HERE!

Explain your interest in taking better care of yourself to your friends and family. Ask them to support your efforts to increase your physical activity.

TIPS: Invite a friend to exercise with you on a regular basis OR join an exercise group or class.

3) LACK OF MOTIVATION: START HERE!

Plan ahead. Make physical activity a priority on your daily or weekly schedule and be specific. Write the specific activity on the day of the week on the worksheet **SCHEDULER**.

TIPS: The more specific your plan is, the more likely you are to complete the activity.

4) FEAR OF INJURY OR LIMITATIONS/CONDITIONS: START HERE!

To prevent injury and reduce risk of soreness, always warm up and cooldown before and after exercise or any new physical activity.

TIPS: Make sure to consider researching any conditions or other extenuating circumstances affecting your health or ability to be physically active including your age, fitness level, skill level, and health status. Choose activities involving minimum risk.

5) LACK OF CONVENIENCE AND RESOURCES: START HERE!

Say lack of time, cost, and facility near you is one of your barriers. Think of three ways you could get a workout in at home. Write those sources on your worksheet **SCHEDULER**.

TIPS: You could use a workout app or find a YouTube workout. You could make up your own, just try to pick 6 exercises; 2 lower body, 2 upper body, 2 core exercises.

AFTERBURN PERSONAL TRAINING
NEW CLIENT INTAKE FORMS

~ MANAGE YOUR GOALS ~ SCHEDULER			
	1) WHEN	3) WHAT	5) HOW
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

AFTERBURN PERSONAL TRAINING NEW CLIENT INTAKE FORMS

Member's Health & Fitness Preparticipation Screening Questionnaire (AHA/ACSM)

NAME:

Assess your health status by marking all true statements.

History

You have had:

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac
- defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

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 distance.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with medically qualified staff.

Cardiovascular risk factors

- You are a man older than 45 years.
- You are a woman older than 55 years old, have had a hysterectomy, or are postmenopausal.
- You smoke, or quit smoking within the previous 6 months.
- Your blood pressure is > 140/90 mm Hg.
- You do not know your blood pressure.
- 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 per week).
- You are >20 pounds overweight.

If you marked two or more of the statements in this section you should consult your physician or other appropriate health care provider before engaging in exercise. 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.

AFTERBURN PERSONAL TRAINING NEW CLIENT INTAKE FORMS

NAME:

PAR - Q (Physical Activity Readiness Questionnaire)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions.

Please read the questions carefully and answer each one honestly: circle YES or NO.

YES	NO	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
YES	NO	1. Do you feel pain in your chest when you do physical activity?
YES	NO	2. In the past month, have you had chest pain when you were not doing physical activity?
YES	NO	3. Do you lose your balance because of dizziness or do you ever lose consciousness?
YES	NO	4. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
YES	NO	5. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
YES	NO	6. Do you know of any other reasons why you should not do physical activity?

IF YOU ANSWERED...

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want --- as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

Find out which community program are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE

- If you are not feeling well because of a temporary fitness such as a cold or a fever - wait until you feel better; or
- If you are or may be pregnant - talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the about questions, tell your fitness or health professional. Ask whether you should change your physical activity.

Informed Use of the PAR-Q: The Canandian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing the questionnaire, consult your doctor prior to physical activity.

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

NAME _____

SIGNATURE _____ DATE _____