

Kare-n-Spire to be Fit



Personal Training New Client Intake

Today's Date: _____
Name: _____
Address: _____ Apt _____
City: _____ State: _____ Zip _____
Cell Phone: _____
Email: _____
Age: _____ DOB: _____
Weight: _____

Personal Information

Occupation & Lifestyle

1. What is your current occupation? _____
2. Does your occupation require extended periods of sitting, standing or bending over?
Please describe _____
3. Does your occupation require repetitive movements? _____
4. Does your occupation require you to wear heels? _____
5. Is your job stressful? _____
6. Are you involved in any recreational sports? ____ What type? _____
7. Do you have any favorite hobbies (reading, gardening, art, etc.)? _____

Mini-Medical History

If "yes" to any of the following questions, please explain as much as possible. In some cases, I will not be able to begin training until I receive a signed release from your medical doctor

1. Do you have any heart conditions of any kind? _____
2. Do you have pain in your chest? _____
3. Are you diabetic or pre-diabetic? _____
4. Do you ever feel faint, have dizzy spells or vertigo? _____
5. Do you have low or high blood pressure? _____
6. Are you accustomed to doing rigorous exercise? _____
7. Do you have any pain or other issues in the neck, back, knees, any bones within your body, muscle or joint problems?

8. Are you currently taking any medications? _____
9. Have you had any previous surgeries or injuries that may impact training:

Fitness Goals

1. What are your fitness goals? _____
2. By when would you like to accomplish these goals? _____
3. On a scale of 1-10 (10 being very committed), how committed are you to accomplishing your goals? _____
4. Do you have an exact plan laid out to accomplish your goals? _____

Nutrition/Supplements/Hydration

1. On a scale of 1-10 (10 being excellent), how would you rate your current eating habits?

2. How many times per day do you eat, including snacks? _____
3. Do you know how many calories you consume daily? Yes/No, how many? _____
4. Do you take multi-vitamins or other supplements? Yes/No, please list if so

Cardiovascular Health

1. Are you currently involved in a cardiovascular program? Yes/No, If yes what type?

2. Do you know your target heart rate? Yes/No, if yes please share _____

To calculate THR: $220 (\text{beats per minute}) - \text{age} = \text{_____}$ (max heart rate, MHR) $\text{MHR} \times \text{intensity Level} = \text{_____}$ (target heart rate) Beginner level intensity=60-75%, Intermediate intensity level= 65-80%, Advanced Level=70-80%

Resistance Training

1. Are you currently involved in a resistance or strength training program? Yes/No

If yes, please describe the program: _____

KARE-N-SPIRE TO BE FIT HEALTH & FITNESS LIABILITY WAIVER/INFORMED CONSENT FORM I,

_____ have entered in a fitness program offered thru Kare-n-Spire to Be Fit and/or NASM Certified Personal Trainer, Karen Tyler. I recognize that the program may involve at times some strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation based on outcomes of assessments. I acknowledge that my enrollment and subsequent participation is purely voluntarily and in no way is mandated by, Kare-n-Spire to be Fit and/or Karen Tyler, C.P.T. In consideration for my participation in this program, I, _____ hereby release, Kare-n-Spire to be Fit, and/or Karen Tyler from any claims and demands, and causes of action as a result of my voluntary participation in enrollment. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in the program and I, _____ hereby release Kare-n-Spire to be Fit and/or Karen Tyler from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, head prostration, injuries to the neck and back, injuries to the upper and/or lower body, injuries or soreness that I may incur, including death. I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

(participants signature)
(parent/guardian signature)
(witness)
(date)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

