



145 E. Washington Street
Sequim, WA 98382
360-681-2555
www.sequimgym.com

FITNESS PROGRAM CLIENT INFORMATION & GOALS

CLIENT INFORMATION

Client Name _____ Program Start Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Age _____ Gender _____ Height _____ Weight _____

CLIENT GOALS

What are your goals, in order of importance, for becoming involved with a regular exercise program? (Be as specific as possible, including your fitness goals, the ability to perform activities of daily living, the desire to change your diet, and any other related goals or concerns you have that your trainer might help you with.)

TRAINER NOTES

CLIENT EXERCISE HISTORY

Do you currently exercise on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your routine include aerobic exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to either of the above, please list the types of exercise you do now, and how often.		
If no, how long has it been since you last exercised regularly?		
Did you participate in sports during high school or college?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what sport(s)?		
Do you have any old sports or other injuries or limitations we should be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are they?		
Do you sleep well and wake refreshed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, do you take any sleep aid medication? If yes, what?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think you eat well?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think that you drink an adequate amount of water every day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel you have enough energy to get through your day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to have more energy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
After filling out the PAR-Q form and being authorized to exercise, is there anything that you think would stop you from participating in a regular exercise program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?		

CLIENT/TRAINER ACKNOWLEDGEMENT

Trainer Name _____	Program End Date _____ (or duration in wks)
Client Signature _____	Today's Date _____



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PAR-Q and YOU

(A Questionnaire for People Aged 15 to 69)

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 the 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. Check 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?
🍏	🍏	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 are 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 or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?
🍏	🍏	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
🍏	🍏	7. Do you know of <u>any other reason</u> 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 programs are safe and helpful to 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 illness 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 above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity or a fitness program, this section may be used for legal or administration purposes.

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

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT OR GUARDIAN _____

NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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FITNESS PROGRAM CLIENT CONFIDENTIALITY AGREEMENT

PLEASE READ THE FOLLOWING STATEMENT, PRINT YOUR NAME AND YOUR TRAINER'S NAME IN THE BLANKS PROVIDED, AND THEN SIGN BELOW, WHERE INDICATED.

I, _____, understand that the information, collected by _____, will be used for fitness evaluation purposes and for the design, implementation, progression, and maintenance of an individualized fitness program. I further understand that all such information is confidential and will not be shared without my prior written authorization, except in the case of a medical emergency or to the minimum extent necessary to achieve a safe and effective fitness program.

Client Name: _____

Signature: _____

Signature of Parent: _____
(or Guardian)

Trainer (or other Sequim Gym Staff): _____



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NO CALL / NO SHOW POLICY

We try to provide the best quality service to all of our clients. When you fail to make an appointment with one of our personal trainers without notifying us in advance, or cancel at the last minute, your appointment time slot is not available for other clients. Therefore, we require a 24-hour cancellation notice. If you cancel within 24 hours of your schedule appointment, you will be charged full price for your missed session. We understand that unexpected life events do occur, and we want to accommodate you as emergency situations arise. However, it will be at your trainer's discretion to waive this policy.

Client Name: _____ Date: _____

Signature: _____

Witness: _____



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INFORMED CONSENT

I, (print name) _____, give my consent to participate in the physical fitness evaluation program conducted by **Sequim Gym**.

BENEFITS

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, increased bone density and muscular strength, flexibility, power and endurance.

RISKS

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (dizziness, discomfort in breathing, heart palpitations and heart attack). I hereby certify that I know of no medical problem (except those noted below) that I have that would increase my risk of illness or injury as a result of participation in a regular exercise program.

TESTING AND EVALUATION RESULTS

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of completing this health inventory, taking a step test or bicycle ergometer test for cardiovascular fitness, and being tested for muscular fitness and body composition.

I further understand that such screening is intended to provide **Sequim Gym** with essential information used in the development of individual fitness programs. I understand that I will be provided a copy of all test results, and that my individual results will be made available only to me and the personal trainer(s) with whom I work. I may share the results with whomever I please, including my personal physician. I also understand that the testing is not intended to replace any other medical test or the services of a physician.

By signing this consent form, I understand that I am personally responsible for my actions during my tenure at **Sequim Gym**, and that I waive the responsibility of this center if I should incur any injury as a result of my own negligence.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT OR GUARDIAN _____