

# Greenwich Personal Trainer – New Client Form

## Part 1: Client Data

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Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Name: \_\_\_\_\_

Sex: Male Female (Circle one)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Day Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Part 2: Medical Clearance Form

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On this questionnaire, a number of questions regarding your physical health are to be answered. Please answer every question as accurately as possible so that a correct assessment can be made. Please place a check in the space to the left of the question to answer "Yes." Leave blank if your answer is "No." Please ask if you have any questions. Your responses will be treated in a confidential manner.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Your Name: \_\_\_\_\_

- Do you have any personal history of heart disease (coronary or atherosclerotic disease)?
- Any personal history of diabetes or other metabolic disease (thyroid,renal,liver)?
- Any personal history of pulmonary disease, asthma, interstitial lung disease or cystic fibrosis?
- Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- Any unaccustomed shortness of breath (perhaps during light exercise)?
- Have you had any problems with dizziness or fainting?
- Do you have difficulty breathing while standing or sudden breathing problems at night?
- Have you experienced a rapid throbbing or fluttering of the heart?
- Do you suffer from ankle edema (swelling of the ankles)?
- Have you experienced severe pain in leg muscles during walking?
- Do you have a known heart murmur?
- Has your serum cholesterol been measured at greater than 200 mg/dl?
- Are you a cigarette smoker?
- Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- Would you characterise your lifestyle as "sedentary"?
- Have you had a high fasting blood glucose level on 2 or more occasions ( $\geq 110$ mg/dl)?
- Are you 20% or more overweight or have you been told your "BMI" was greater than 30?
- Have you been assessed as hypertensive on at least 2 occasions (systolic  $> 140$  mmHg or diastolic  $> 90$ mmHg)?
- Do you have any family history of cardiac or pulmonary disease prior to age 55?

## Part 3: Exercise History and Interests

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On this questionnaire, we present a number of questions regarding your history of exercise and your personal preferences. This information will help us create a personalized workout plan for you.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Your Name: \_\_\_\_\_

### Exercise History

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On average, how many times do you exercise per week? \_\_\_\_\_

On average, how long do you exercise per session? \_\_\_\_\_ Minutes

On a scale from 1 to 10, how intense is your typical workout? (circle one)

Very Easy   1   2   3   4   5   6   7   8   9   10   Very Intense

For each activity in which you participate, indicate your typical exercise in minutes:

Running/Jogging:   \_                      Weight Training:   \_\_\_\_\_                      Skiing/Snowboarding:   \_\_\_\_\_

Walking:   \_                      Aerobics Classes:   \_\_\_\_\_                      Yoga/Martial Arts:   \_\_\_\_\_

Stair Climbing:   \_                      Swimming:   \_\_\_\_\_                      Other:   \_\_\_\_\_

Bicycle/Spinning:   \_                      Racquet Sports:   \_\_\_\_\_

### Activity Preferences and Interests

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List activity preferences here:

## Part 4: Goals Questionnaire

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This questionnaire will help us to understand your personal fitness goals. It is also a "contract" in which we ask you to make a commitment to three concrete steps towards fitness and health. It is not a legal contract with us but rather a personal contract that you make with yourself and with others concerned with your health. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner

Please indicate your personal health and fitness-related goals:

- Lose Weight
- Feel Better
- Improve Flexibility
- Lower My Cholesterol
- Reduce Back Pain
- Aerobic Fitness
- Stop Smoking
- Look Better
- Injury Rehab
- Sports Specific
- Muscular Strength
- Muscular Size
- Reduce Stress
- Improve Diet

Please tell us more about your exercise patterns and goals:  
What is your exercise history?

What health improvements do you need?

What other health improvements do you want?

What are your activity preferences?

What barriers to success do you anticipate?

How will you know you are succeeding?

What is your motivation level?    High                      Medium                      Low

What is your confidence level?    High                      Medium                      Low

Please use the space below to record three concrete commitments that you are willing to make to your own health goals. For example you might commit "To arrive, ready for exercise, on Mondays, Wednesdays and Fridays by 6:30pm". These should be challenging but also realistic and attainable commitments. When finished, please sign this form to signify your personal commitment (this is not a law abiding contract).

Commitment #1:

Commitment #2:

Commitment #3:

Signed:

Witnessed By: Peter Marino

Please have this form filled and ready for your first meeting.

Thank you.

*Thank you for taking the time to complete this questionnaire!*

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