

# AFPA

## TRAINER / CLIENT BUSINESS FORMS



Date: \_\_\_\_\_

Time: \_\_\_\_\_

Weight: \_\_\_\_\_

Cardio: \_\_\_\_\_

Mood: \_\_\_\_\_

EXERCISE	1st Set	2nd Set	3rd Set

Length of Workout \_\_\_\_\_

Comments:



End Date: \_\_\_\_\_

[illegible]

## BASIC EXERCISE LOG

**COACHING NOTES:**

Date \_\_/\_\_/\_\_

Main Focus:

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Goals Attained From Last Session:

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Motivation Level:

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Distractions:

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Concerns:

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Support (family, friends, colleagues)

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Next Step:

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# AFPA WELLNESS COACHING INTAKE FORM

Date: \_\_\_/\_\_\_/\_\_\_

Name

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_

Address

Street: \_\_\_\_\_

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

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

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

email address: \_\_\_\_\_@\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Office: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Profession: \_\_\_\_\_

## Emergency Contact :

Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

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

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

## MEDICAL HISTORY

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?
2. Do you take any prescribed medication on a permanent or semi-permanent basis?
3. Do you have a seizure disorder (epilepsy)? Yes No
4. Do you have diabetes Adult or Juvenile? Yes No  
List Medications:
5. Have you ever been found to be anemic (low blood count)? Yes No
6. Do you have High Blood Pressure (hypertension)? Yes No
7. Do you have other physical conditions, which cause pain?
8. What are your thoughts on clinical hypnotherapy?
9. Have you been under the guidance/advice of a psychologist? For what reason? Any details?



# COACHING VALUES & SUPPORT SYSTEM WORK SHEET

Date: \_\_\_/\_\_\_/\_\_\_ Client Name: \_\_\_\_\_

*Personal Goals:*

**Immediate**

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**Intermediate** (3-6 months)

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**Long Term** (1-5 years)

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Values:

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Beliefs:

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Fears:

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Support System:

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Coach's Notes:

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Week \_\_\_\_\_

Date \_\_\_\_\_

FOOD GROUP	DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE
Starches/Grain Products	(Name of foods and number of servings)				
Fruit & Vegetables					
Dairy Products					
Meats/Fish					
Fats/Sweets					
Other Foods					
PHYSICAL ACTIVITY	DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE
Type of Activity					
Duration of Activity	(record in minutes)				



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**RELEASE**

This release is entered into between the undersigned and \_\_\_\_\_. The purpose of (your company name) is to provide life coaching/business consulting/holistic lifestyle instruction.

The undersigned hereby acknowledges that the following has been explained to them and/or agrees to the following:

1. Acknowledges that \_\_\_\_\_ is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching individuals about themselves, but that \_\_\_\_\_ does not guarantee neither good nor bad will occur nor guarantees the coaching advice given by \_\_\_\_\_ will produce good nor bad results.
3. Acknowledges that \_\_\_\_\_ may suggest exercise as part of my lifestyle management. I further understand that swimming, cycling (on and off road), in-line skating, triathlon, x-c skiing, weight training, aerobic classes, martial arts, kick boxing, kung-fu, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind \_\_\_\_\_ for the undersigned participating in said sporting events and/or training for said sporting events.
4. The Undersigned agree that this is the full agreement between the parties, that \_\_\_\_\_ nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOOD JOURNAL for \_\_\_\_\_ Week \_\_\_\_ Date: \_\_\_\_\_

Food	Time	Calories/Grams
<b>Breakfast</b>		Calories: _____ Protein Grams: _____ Carb. Grams: _____ Fat Grams: _____
<b>Lunch</b>		Calories: _____ Protein Grams: _____ Carb. Grams: _____ Fat Grams: _____
<b>Dinner</b>		Calories: _____ Protein Grams: _____ Carb. Grams: _____ Fat Grams: _____
<b>Snack/Water/Other</b>		Calories: _____ Protein Grams: _____ Carb. Grams: _____ Fat Grams: _____

Calorie Total for the Day \_\_\_\_\_

Ounces of water drank \_\_\_\_\_

Calories Burned Today - \_\_\_\_\_

Grams of protein consumed \_\_\_\_\_

Net Calorie Total \_\_\_\_\_

Grams of carbohydrates \_\_\_\_\_

Target Net Calorie Total \_\_\_\_\_

Grams of fat consumed \_\_\_\_\_

"Banked" Calories Today \_\_\_\_\_ (Subtract Daily Total from Target)

"Banked" Calories This Week \_\_\_\_\_ (Add to previous days' total)

What did I learn about my eating patterns today? \_\_\_\_\_

\_\_\_\_\_

FOOD JOURNAL for \_\_\_\_\_

WEEK # \_\_\_\_\_

DATE: \_\_\_\_\_

Food	Time	Calories
Breakfast		
Lunch		
Dinner		
Snack/Water/Other		

Calorie Total for the Day \_\_\_\_\_

Calories Burned Today - \_\_\_\_\_

Net Calorie Total \_\_\_\_\_

Target Net Calorie Total \_\_\_\_\_

"Banked" Calories Today \_\_\_\_\_ (Subtract Daily Total from Target)

"Banked" Calories This Week \_\_\_\_\_ (Add to previous days' total)

What did I learn about my eating patterns today?

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Week \_\_\_\_\_

Date \_\_\_\_\_

Meal Reason	Food	Time
Breakfast		
Lunch		
Dinner		
Snack and Other		

What did I learn about my eating? \_\_\_\_\_

\_\_\_\_\_



# YOUR EATING STYLE QUESTIONNAIRE

## DIETS:

Have you ever been on a diet? If yes, please answer the following questions:

How many diets have you been on in the last two to three years? \_\_\_\_\_

Describe any diets you have tried. Did you go to a commercial weight loss service (Adkins, The Zone, Body For Life, Jenny Craig, Diet Center, Weight Watchers, etc.)? Did you follow a diet from a magazine article or book? If yes, which one?

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Describe your experience with diets. Did you lose weight? Did you gain any of it back? Did you have your body fat tested while you were on the diet? Did you feel tired or irritable? How long were you on your diet before stopping? Why did you stop your diet?

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## FOOD:

☐ Yes ☐ No Do you eat breakfast?

What would a typical breakfast be? \_\_\_\_\_

How many times a day do you eat? \_\_\_\_\_

☐ Yes ☐ No Can you recall ever eating because of distress? If so, when was this?

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Client Name: \_\_\_\_\_

	Date: _____	Date: _____	Date: _____	Date: _____
Resting Heart Rate				
Max Heart Rate				
Target Zone				
VO2 Max				
Sit and Reach				
3 minute step test				
Postural assessments				
Head				
Shoulders				
Spine				
Hips				
Ankles				
Neck				
Upper Back				
Trunk				
Abdomen				
Lower Back				



# **FITNESS GOAL ASSESSMENT**

**NAME:**

**TODAY'S DATE:**

**1. What I want to accomplish in your fitness program:**

The following are my outcome goals for the next eight weeks:

**2. Why I want to accomplish these goals:**

These goals are very important to me because. . .

**3. I'll do just about anything except this:**

I am willing to do anything within reason to reach these goals, other than:  
(Please be as specific as possible)

**4. When I reach these goals, what I will get and how I will feel is:**

**5. My past record of attaining my fitness goals is:**

## YOUR EATING STYLE QUESTIONNAIRE

PAGE – 2

☐ Yes ☐ No Do you ever eat when you are NOT hungry? If so, when?

\_\_\_\_\_

How often do you read labels on food packages? \_\_\_\_\_

Do you understand HOW to read labels on food packages? \_\_\_\_\_

☐ Yes ☐ No Do you ever “reward” yourself with food? If so, when, why and with what type of foods?

\_\_\_\_\_

\_\_\_\_\_

What sources of information do you utilize to gain information about nutrition? What have you found to be most helpful?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Yes ☐ No Do you take a multi-vitamin?

☐ Yes ☐ No Do you know what foods are classified as proteins, carbohydrates and fats?

What is your attitude towards food?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much alcohol do you consume on a weekly basis? What type of alcohol do you consume?

\_\_\_\_\_



[illegible]



# GOAL ASSESSMENTS

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**1. The goals I want to accomplish are:**  
(Please be as specific as possible)

**2. I want to accomplish these goals by these dates:**

**3. These goals are important to me because:**

**4. When I reach these goals, what I will get and how I will feel is:**

**5. My past record of attaining my goals has been:**



## 2-DAY HEALTHY EATING LOG

Healthy Eating Log	Fat Grams	Healthy Eating Log	Fat Grams
Date:		Date:	
Breakfast		Breakfast	
Lunch		Lunch	
Dinner		Dinner	
Snack		Snack	
Total Fat Grams Used		Total Fat Grams Used	
Fat Grams Saved		Fat Grams Saved	

**COMMENTS:**

# IDEAL TRAINING HEART RATE CHART

Ideal Training Heart Rate

Your Maximum Heart Rate		150	155	160	165	170	175	180	185	190	195	200	205	210	215
Red Zone 90%-100%	High	150	155	160	165	170	175	180	185	190	195	200	205	210	215
	Low	135	140	144	149	153	158	162	167	171	176	180	185	194	198
Anaerobic 80%-90%	High	135	140	144	149	153	158	162	167	171	176	180	185	194	198
	Low	120	124	128	132	136	140	144	148	152	156	160	164	168	172
Aerobic 70%-80%	High	120	124	128	132	136	140	144	148	152	156	160	164	168	172
	Low	105	109	112	116	119	123	126	130	133	137	140	144	147	151
Fat Burning 60%-70%	High	105	109	112	116	119	123	126	130	133	137	140	144	147	151
	Low	90	93	96	99	102	105	108	111	114	117	120	123	126	129
Healthy Heart 50% - 60%	High	90	93	96	99	102	105	108	111	114	117	120	123	126	129
	Low	75	78	80	83	85	88	90	93	95	98	100	103	105	108

**Maximal Heart-rate** is the highest rate a person can attain during exercise. The age-predicted heart-rate formula is based on the assumption that one's heart rate at birth is 220 and decreases by one every year. The accuracy of determining maximal heart-rate based on this formula can vary at any given age by +/- ten beats per minute.

**Maximal heart-rate = 220 - age**

**Resting Heart-rate** is the rate at which your heart beats at full rest. It is recommended that this rate be taken after awakening relaxed and before getting out of bed. Count the pulse for a full 60 seconds.

**Target heart-rate = % intensity X heart-rate reserve + resting heart-rate**

Example: 45 year old with a resting heart-rate of 80 and an age-predicted maximal heart-rate of 175 at an 80% intensity level of maximum heart-rate reserve:

$$\begin{aligned}
 &175 \text{ (age predicted MHR)} \\
 &\underline{- 80} \text{ (resting heart-rate)} \\
 &95 \text{ (heart rate reserve)} \\
 &\underline{\times .80} \text{ (intensity level)} \\
 &76.00 \\
 &\underline{+80.00} \text{ (resting heart-rate)} \\
 &156.00 \text{ (target heart rate)}
 \end{aligned}$$

**Apply the formula to both ends of the range, 60% and 80%  
to determine the target heart-rate training zone.**

Example: 45 year old with an age-predicted maximal heart-rate of 175 at both 60% and 80% intensity level of maximum heart-rate reserve:

**At 60 % Intensity -**

$$\begin{aligned}
 &175 \text{ (mhr: } 220 - \text{ age)} \\
 &\underline{\times .60} \text{ (percent intensity)} \\
 &105 \text{ (target Heart-rate)}
 \end{aligned}$$

**At 80 % Intensity -**

$$\begin{aligned}
 &175 \text{ (mhr: } 220 - \text{ age)} \\
 &\underline{\times .80} \text{ (percent intensity)} \\
 &140 \text{ (target Heart-rate)}
 \end{aligned}$$



# MY LIFESTYLE QUESTIONNAIRE

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Male/Female: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (W): \_\_\_\_\_  
Phone (C): \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## Exercise History:

Yes \_\_\_ No \_\_\_ I currently engage in an exercise program.

If yes, how many sessions per week? \_\_\_\_\_

How long on average are the sessions? \_\_\_\_\_

What is the level of intensity (1-10)? \_\_\_\_\_

## Physical activities I currently engage in are:

(Briefly describe these activities) \_\_\_\_\_  
\_\_\_\_\_

## My activity level at work is:

(Check any of the following that apply)

\_\_\_ **Largely inactive** (desk job, driver)

\_\_\_ **Lightly active** (teacher, homemaker)

\_\_\_ **Heavily active** (construction, ski instructor)

\_\_\_ **Other** (explain): \_\_\_\_\_

## My previous background with sports and physical activities is:

(explain) \_\_\_\_\_

## This is the main reason I'm participating in an exercise program:

(explain) \_\_\_\_\_

\_\_\_ **Yes** \_\_\_ **No** I have questions about commencing a new exercise program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## I have checked the list below of what is most important for me to achieve with my exercise program:

\_\_\_ Feel healthier

\_\_\_ Reduce body fat

\_\_\_ Increase energy level

- ☐ Improve strength
- ☐ Improve muscle size
- ☐ Improve muscle tone
- ☐ Improve aerobic capacity
- ☐ Improve flexibility
- ☐ Improve ability at a specific sport
- ☐ Improve ability to cope with stress
- ☐ Improve social life
- ☐ Improve overall quality of life

**The types of exercise that most interest me include:**

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I have the most energy in the \_\_\_\_ morning \_\_\_\_ afternoon \_\_\_\_ evening

I eat very healthy. Yes\_\_\_\_ No\_\_\_\_

I could use some help with my eating program. Yes\_\_\_\_ No\_\_\_\_

**Additional comments concerning my exercise program:**\_\_\_\_\_

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# MEDICAL CLEARANCE & PHYSICIAN'S CONSENT FORM

To: *(Your name, address, city, state and zipcode)*

Dear Personal Trainer:

My patient, \_\_\_\_\_, has advised me that he or she intends to participate in a fitness assessment. This assessment will include muscular endurance and flexibility tests, body composition assessment, a blood pressure reading, and cardiovascular fitness assessment. An exercise program will be designed based on this assessment which will include, but not be limited to, resistance training and cardiovascular training. The sessions will last approximately one hour, and will begin at a very moderate, sub-maximal level.

Please be advised that my patient, \_\_\_\_\_, should be subject to the following restrictions in the fitness assessment and/or in his or her exercise program:

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In addition, under no circumstances should he or she do the following:

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I have discussed the foregoing restrictions and limitations with my patient and, with these specific restrictions, he or she has my permission to participate in a fitness assessment and pursue an exercise program under your guidance.

Truly yours,

\_\_\_\_\_  
(Sign name here)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print name here)

Phone number: \_\_\_\_\_



The following is a list of reasons why people engage in physical activities, sports and exercise. Keeping in mind your primary physical activity at the gym, rate each reason (using the scale given) on the basis of how true the response is for you.

1	2	3	4	5	6	7
Not At All True For Me					Very True For Me	

- \_\_\_ 1. I want to be physically fit.
- \_\_\_ 2. It's fun.
- \_\_\_ 3. I like engaging in activities that physically challenge me.
- \_\_\_ 4. I want to acquire new skills.
- \_\_\_ 5. I want to lose or maintain weight so that I'll look better.
- \_\_\_ 6. I want to be with my friends.
- \_\_\_ 7. I like to do this activity.
- \_\_\_ 8. I want to improve my existing skills.
- \_\_\_ 9. I like the challenge.
- \_\_\_ 10. I want to define my muscles so that I'll look better.
- \_\_\_ 11. It makes me happy.
- \_\_\_ 12. I want to keep up my current skill level.
- \_\_\_ 13. I want to have more energy.
- \_\_\_ 14. I like activities that are physically challenging.
- \_\_\_ 15. I like to be with others who are interested in this activity.
- \_\_\_ 16. I want to improve my cardiovascular fitness.
- \_\_\_ 17. I want to improve my appearance.
- \_\_\_ 18. I think it's interesting.
- \_\_\_ 19. I want to maintain my physical strength to live a healthy life.
- \_\_\_ 20. I want to be attractive to others.
- \_\_\_ 21. I want to meet new people.
- \_\_\_ 22. I really enjoy this activity.
- \_\_\_ 23. I want to maintain my physical health and well-being.
- \_\_\_ 24. I want to improve my body shape.
- \_\_\_ 25. I want to get better at my activity.
- \_\_\_ 26. I find this activity stimulating.
- \_\_\_ 27. I will feel physically unattractive if I don't.
- \_\_\_ 28. My friends want me to.
- \_\_\_ 29. I like the excitement of participation.
- \_\_\_ 30. I enjoy spending time with others doing this activity.

## Subscales:

<b>Interest/Enjoyment:</b> Add Items 2,7,11,18, 22, 26, 29	$\div 7 =$ _____
<b>Competence:</b> Add Items 3,4,8,9,12,14,25	$\div 7 =$ _____
<b>Appearance:</b> Add Items 5,10, 17, 20, 24, 27	$\div 6 =$ _____
<b>Fitness:</b> Add Items 1,13,16,19, 23	$\div 5 =$ _____
<b>Social:</b> Add Items 6,15,21,28, 30	$\div 5 =$ _____

## **The Measure of Motivation for Physical Activity in the Gym**

### **How to Calculate a Client's Score:**

Add up the scores for each area of motivation and then divide that sum by the number of questions in that category. For example, for the Competence Motivator, add up the scores for questions 3,4,8,9,12,14 and 25, then divide that sum by 7, the number of questions in that particular category. The highest score possible for any category is 7 (e.g., if the client scored his or her motivation as 7 for each Competence question, the sum would be 49, which you would then divide by 7 for a maximum total score of 7.)

### **What the Category Scores Reflect:**

Use the total score for each category to identify which areas of motivation need to be strengthened, as follows:

#### **Total Score of 6-7:**

Strong area of motivation for the client

#### **Total score of 4-5:**

Moderate area of motivation for the client

#### **Total score of 1-3:**

Low area of motivation for the client

If the client scored below 5 in any given category, target that area of motivation by using specific motivation techniques targeted towards that area.

**NOTE:** Emphasize fitness and competence ("Look at how many more sit-ups you are now able to do.") instead of appearance ("Your stomach is so much flatter now.")

Source: March 2003 Idea Health & Fitness Source, Frederick, CM & Ryan RM 1993. Differences in motivation for sport and exercise and their relations with participation and mental health. Journal of Sport Behavior, 16, 124-46.



# WEEKLY EXERCISE JOURNAL

<b>Date</b>	<b>Type of Exercise</b>	<b>Time of Day Notes:</b>
<b>Saturday</b> _____		
<b>Sunday</b> _____		
<b>Monday</b> _____		
<b>Tuesday</b> _____		
<b>Wednesday</b> _____		
<b>Thursday</b> _____		
<b>Friday</b> _____		



# NUTRITIONAL PROFILE CLIENT QUESTIONNAIRE

Please answer the following questions about your personal nutritional habits in order to better help you reach your nutritional and fitness goals.

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

Work \_\_\_\_\_

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

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

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

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

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

Height : \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Skinfold Bodyfat \_\_\_\_\_

IN CASE OF EMERGENCY CALL: \_\_\_\_\_

What are your fitness goals?

Weight [fat] loss

Gain Weight [Muscle mass]

Improve Eating Habits/Overall Health

Have you ever been on a structured weight loss program before? If Yes, when and for how long and what were the results: \_\_\_\_\_

Have you ever had a bodyfat test performed? Yes No If yes what type of test \_\_\_\_\_

## GENERAL HEALTH & NUTRITION QUESTIONS

How do you rate your general state of health? Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

**Have you ever had or currently have any of the following conditions Check any that apply?**

- |  |  |
|--|--|
| <input type="checkbox"/> Heart Disease           | <input type="checkbox"/> Asthma  |
| <input type="checkbox"/> Medication              | <input type="checkbox"/> Anemia  |
| <input type="checkbox"/> Hypertension            | <input type="checkbox"/> Hypoglycemia  |
| <input type="checkbox"/> Hypotension             | <input type="checkbox"/> Angina  |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Irritable Bowel Syndrome  |
| <input type="checkbox"/> Pancreatic Disease      | <input type="checkbox"/> Crohn's Disease   |
| <input type="checkbox"/> Liver Disease           | <input type="checkbox"/> Antibiotic Use [within the last year, or within the last 5 years] |
| <input type="checkbox"/> Regular use of NSAID's* | <input type="checkbox"/> Any use of Supplementation. I.e. vitamins, minerals, herbs+       |
| <input type="checkbox"/> Bulimia                 | <input type="checkbox"/> Anorexia  |
| <input type="checkbox"/> Bloating after a meal   | <input type="checkbox"/> Flatulence [odoriferous]  |
| <input type="checkbox"/> Headaches [frequent]    | <input type="checkbox"/> PMS[bloating, cramps, weight gain, food cravings]                 |

\*Non-steroidal anti-inflammatory drugs [ibuprofen, Advil, Tylenol] Explain what the use is for and how long have you used these drugs:\_\_\_\_\_

+What type of supplements and how are they delivered, i.e., tablets, capsules, liquid\_\_\_\_\_

## GENERAL HEALTH & NUTRITION QUESTIONS

**How would you rate your activity level at work? Do you perform any physical activity that is job related?**

Sedentary [desk job]      Slightly Active      Active      Extremely Active [manual laborer]

**How often do you currently exercise?**

None      1-2 times/week      3-5 times/week      6 plus times/week

How long is each session? \_\_\_\_\_ Total time spent weekly\_\_\_\_\_

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## Nutritional Profile

Please list below everything you have eaten from the past 72 hours [3 days]. This includes: main meals, snacks, beverages, supplements, and water. Please use the backside of the paper for additional information.

Day 1	Day 2	Day 3

## Informed Consent for Nutritional Program

I, \_\_\_\_\_ agree to allow \_\_\_\_\_, who is certified in the field of nutrition and/or personal training to design a weight control program for myself in my quest to enhance my personal well being. I will follow that program to the best of my ability and will not hold \_\_\_\_\_ or anyone related to the facility or persons liable for any problems, illnesses or injuries that might occur due to a sudden change in my eating and/or exercise habits. I understand that \_\_\_\_\_ is not a doctor, medical practitioner, or registered dietitian. The weight control program does not replace the expert advice or medical treatment of my own doctor. I have answered the above questions regarding my personal health, including any medications that I either currently am taking or have taken.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL FITNESS LOG

[illegible]





# PERSONAL TRAINING CLIENT INTAKE FORM & CLIENT RELEASE

Date: \_\_/\_\_/\_\_

Name

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Birthday: \_\_/\_\_/\_\_

Address

Street: \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_@\_\_\_\_\_

Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_

Office: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Profession: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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## MEDICAL HISTORY

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1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?
2. Do you take any prescribed medication on a permanent or semi-permanent basis?
3. Do you have a seizure disorder (epilepsy)? Yes No
4. Do you have diabetes Adult or Juvenile? Yes No

List Medications: \_\_\_\_\_

5. Have you ever been found to be anemic (low blood count)? Yes No
6. Do you have High Blood Pressure (hypertension)? Yes No

7. Do you have other physical conditions, which cause pain?

8. Have you been under the guidance/advice of a psychologist? For what reason? Any details?

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**RELEASE**

This release is entered into between the undersigned and \_\_\_\_\_. The purpose of (your company name) is to provide fitness and exercise instruction.

The undersigned hereby acknowledge that the following was explained to them and/or agrees to the following:

1. Acknowledges that \_\_\_\_\_ is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice.
2. Acknowledges that fitness training is another tool for teaching individuals about themselves, but that \_\_\_\_\_ does not guarantee neither good nor bad will occur nor guarantees the coaching advice given by \_\_\_\_\_ will produce good nor bad results.
3. Acknowledges that \_\_\_\_\_ may suggest exercise as part of my fitness program/lifestyle management. I further understand that swimming, cycling (on and off road), in-line skating, triathlon, x-c skiing, weight training, aerobic classes, martial arts, kick boxing, kung-fu, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind \_\_\_\_\_ for the undersigned participating in said sporting events and/or training for said sporting/fitness activities.
4. The Undersigned agree that this is the full agreement between the parties, that \_\_\_\_\_ nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Location/Route:**

**Distance:**

**Elapsed  
Time:**

**Pace (min/mile):**

**Heart Rate: Rest** \_\_\_\_ **Avg.** \_\_\_\_ **Max.** \_\_\_\_

**Environment**

**Weather conditions:**



sun



clouds



rain



wind



snow

**Temperature:**

**Day:**

**Date:**

**Notes:**

[illegible]

Day	Resting Heart Rate (A.M.)	Activity (Type)	Duration (Time)	Flexibility (Yes/No)(list)	Strength (Yes/No)(List)	Thoughts (comments)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						



# SWIMMING FITNESS LOG

NAME: \_\_\_\_\_

MONDAY/ TUESDAY	WEDNESDAY/ THURSDAY	ADDITIONAL DAY(S)	WEEKLY TOTALS YARDS

TOTAL MILEAGE: \_\_\_\_\_ TOTAL YARDS: \_\_\_\_\_

CATEGORY (record & date)	1st	2nd	CATEGORY (record & date)	1st	2nd	CATEGORY (record & date)	1st	2nd
WEIGHT			PERCENT BODY FAT			200 YARD SWIM		
RESTING HEART RATE			25 yard/50 yard (circle one)			1 MILE SWIM		
TARGET HEART RATE 60-85%			100 YARD SWIM			5 MINUTE SWIM		





# PERSONAL TRAINING LETTER OF AGREEMENT

This Agreement made and entered into this \_\_\_\_ day of \_\_\_\_, 20\_\_, by and between  
\_\_\_\_ ("Client") and \_\_\_\_ ("Trainer").

In consideration of the mutual agreement exchanged herein, the parties agree as follows:

- (1) Client and Trainer have agreed that Trainer will perform \_\_\_\_ one-hour workout sessions. Each session will begin at an agreed-upon time. Client will be ready to begin at scheduled time.
- (2) Client will pay Trainer, in advance, the sum of \$ \_\_\_\_ for these workout sessions. Client acknowledges and agrees that no credit or refund shall be due for sessions cancelled by Client, unless cancelled 24 hours prior to the scheduled training session.
- (3) Client assumes the risk of participating in an exercise program and agrees that Trainer shall have no liability for any injury, illness or similar difficulty that Client may suffer arising out of or connected with Client's participation in Trainer's program.
- (4) Client will complete and sign Health History Questionnaire prior to beginning their workout sessions.
- (5) Client will be required to have a Medical Clearance and Physician's Consent Form signed if they have any of the following physical conditions:
  - Hypertension (high blood pressure) (>145/95 mmHg)
  - Hyperlipidemia (cholesterol > 220 mg/dl or a total cholesterol-to-HDL ratio of >5.0)
  - Diabetes (either type)
  - Family history of heart disease prior to age 60
  - Smoking/Drug use
  - Abnormal resting EKG
  - Any other condition that Trainer may deem as an unreasonable risk to Client's health.

**IN WITNESS WHEREOF**, Client and Trainer have caused this Agreement to be executed on the date written above.

by: \_\_\_\_\_  
Trainer's Signature

by: \_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Trainer print name

\_\_\_\_\_  
Client print name

Select the FIVE words that you connect with most, then rank them according to importance.

Accomplishments/Results	Adventure/Excitement	Achievement
Aesthetics/Beauty	Altruism	Authenticity
Autonomy	Clarity	Commitment
Community	Completion	Connecting/Bonding
Creativity	Directness	Emotional health
Empowerment	Environment	Excellence/Mastery
Freedom	Fun	Free spirit
Full self-expression	Harmony	Health/Well-being
Honesty	Humor	Intimacy
Independence	Integrity	Joy
Leadership	Loyalty	Nature
Nurturing	Openness	Organization
Participation	Partnership	Peace/Tranquility
Performance	Personal growth/Learning	Power
Privacy/Solitude	Productivity	Recognition/Acknowledgement
Responsibility	Risk-taking	Romance/Magic
Security	Sensuality	Service/Contribution
Spirituality	SuccessTo be known	Trust
Tradition	Vitality	Zest

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**How Well Am I Honoring My Values?**

Value	Honoring Score	Standard	Obstacle to Honoring Values	Strength of Obstacle

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Name \_\_\_\_\_

Dates \_\_\_\_\_

Sunday \_\_\_\_\_

Activity	Time	Intensity	Fitness Component

Monday \_\_\_\_\_

Activity	Time	Intensity	Fitness Component

Tuesday \_\_\_\_\_

Activity	Time	Intensity	Fitness Component

Wednesday \_\_\_\_\_

Activity	Time	Intensity	Fitness Component

Thursday \_\_\_\_\_

Activity	Time	Intensity	Fitness Component

Friday \_\_\_\_\_

Activity	Time	Intensity	Fitness Component

Saturday \_\_\_\_\_

Activity	Time	Intensity	Fitness Component

Weekly Totals:

	Number of Days	Total Time
Aerobic		
Muscular Strength		
Muscular Endurance		
Flexibility		



# WEEKLY FITNESS VIDEO LOG

Week of: \_\_\_\_\_

	Weights	Type/ video	Cardio	Type/ video	Yoga and Other	Notes
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						



# WEEKLY STRENGTH & CARDIO WORKOUT LOG

Week #: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_

Starting Weight	Goal Weight	Lbs Lost	Lbs Per Week	Lbs Left	Projected Goal Date	Days Left

Date	Activity Type	Duration	Pace	Cal. Burned	Distance/Weights	Sets	Reps
Weekly Totals:							



# WORKOUT LOG

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Weight: \_\_\_\_\_ Cardio: \_\_\_\_\_

Exercise	1st Set	2nd Set

Length Of Workout \_\_\_\_\_

Comments:

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# CARDIOVASCULAR WORKOUT IN MINUTES

	Mon	Tues	Weds	Thur	Fri	Sat	Sun
Aerobic class							
Stair master							
Elliptical							
Bike							
Treadmill							

Comments:

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## ABDOMINAL

[illegible]

ARMS									
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[illegible]

## LOWER BODY

[illegible]

## CARDIOVASCULAR WORKOUT IN MINUTES

Stair Master							
Bicycle							
Treadmill							
Aerobic Class							
Other							