

STUDIO PHYSIQUE ATHLETIC CLUB

Personal Training Client Intake Form

Date: ____/____/____

Last Name: _____ First Name: _____

Address:

Street: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone Numbers:

Home: () ____ - ____

Cell: () ____ - ____

Office: () ____ - ____

Profession: _____

Birthday: ____/____/____

Emergency Contact:

Name: _____

Relation: _____

Address: _____

Phone: () ____ - ____

Lifestyle Evaluation Form

Lifestyle

Do you smoke? _____ How many daily? _____ If you quit when? _____

Do you drink? _____ How many glasses per week? _____

How many hours of sleep do you get per night? _____

What was your weight at age 18? _____ 5 years ago? _____ 1 year ago? _____

Describe your job... Physically demanding Active Sedentary

Rate your daily stress levels (1-10) _____

What 3 things cause you the most stress?

1. _____ 2. _____ 3. _____

How do you relieve your stress? _____

When were you in your best shape? _____

Have you been consistently exercising for the past 3 months? _____

What if anything has stopped you in the past from exercising? _____

Do you exercise less than you would like? _____ Why? No interest Illness Injury

No time Other _____

What activities are you currently involved in?

Activity	Frequency	Average Length	Intensity
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Nutrition

How many servings of fruits/vegetables do you eat a day? _____

Do you skip meals? Never Sometimes Often

How many meals do you normally eat per day (including snacks)? _____

Do you eat late (after 10pm) Never Sometimes Often

When are you hungriest during the day? _____

Do you eat foods high in fat or sugar? Never Sometimes Often

How many glasses of water do you drink daily? _____

Do you take a multivitamin? _____

Does your energy level drop throughout the day? _____ When? _____

How often do you eat out (month)? _____

How often do you eat fast food (month)? _____

Do you go grocery shopping? _____

Do you do the cooking? _____

What are some of the reasons you eat (besides hunger)? Boredom Social Stress

Tired Depressed Nervous Other _____

How often do you eat past the point of fullness? Never Sometimes Often

What are your favorite foods? _____

Is there anything you eat everyday? _____

What are 3 things you think you need to work on as far as nutrition is concerned?

1. _____
2. _____
3. _____

Exercise Program

What activities interest you? (Check all that apply)

- Baseball
- Basketball
- Boxing
- Kick Boxing
- Skiing
- Football
- Golf
- Hiking
- Pilates
- Racquetball
- Indoor Cycling
- Kayaking
- Rock Climbing
- Running
- Soccer
- Swimming
- Tennis
- Triathlon
- Walking
- Weight Training
- Yoga
- Stretching
- Other _____

How often a week would you like to exercise? _____

Where do you rank health in your life? High Priority Medium Priority Low Priority

How committed are you toward reaching your goals? Very Semi Barely

What are the best days and times during the week for you to commit to your exercise program?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Fitness Goals

What areas can a personal trainer help you? (Check all that apply)

- Lose Body Fat
- Develop Muscle
- Rehabilitate an Injury
- Improve Balance
- Improve Flexibility
- Nutritional Education
- Design a Beginners Exercise Program
- Design an Advanced Exercise Program
- Train for a Specific Sport or Event
- Safety
- Make Exercise Fun
- Motivation
- Other _____

List in order the specific goals you would like to accomplish with your exercise program.

- a) _____
- b) _____
- c) _____

Express Assumption of Risk/Prospective Waiver of Liability and Release Agreement

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in fitness assessments activities and programs and in the use of exercise equipment at various sites, including home, club, or worksite that may be provided or recommended by Studio Physique, Inc. I realize that my Participation in these activities or in the use of equipment involves various risk of injury including, but not limited to loss of consciousness, abnormal blood pressure, disorder of heartbeat, and in rare instances heart attack or death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise due to my participation in these activities or in the equipment, and that such risk, including remote ones, have been reviewed with me. I also understand that under some circumstances I may choose to engage in activity in a non-supervised setting under circumstances where there is no one to respond to any emergency that may arise as a result of my participation or use of equipment on an individual basis, in an unsupervised setting. Despite the fact that I have been duly cautioned as to such supervised and unattended activity or equipment use, I knowing the material risk and appreciating, knowing and reasonably, anticipating that other injuries and even death are a possibility in the use of equipment in supervised/attended and unattended settings (within which setting I acknowledge that the risk of death may be greater than the other setting), hereby expressly assume all of the delineated risk of injury, all other possible risks of even the risk of death.

IF YOU AGREE, PLEASE INITIAL _____

I have had an opportunity to ask questions regarding my participation in various activities and in the use of exercise equipment. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risk of my participation in various activities or in use of equipment, and knowing and appreciating these risks. I voluntarily choose to participate. Assuming all risk of injury and death that may arise due to my participation.

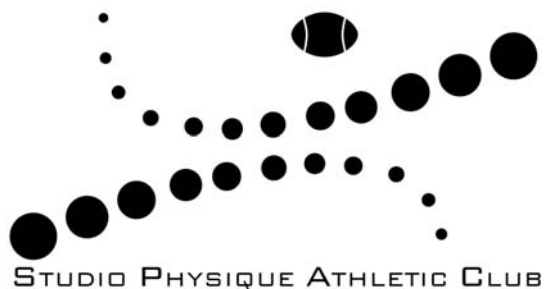
IF YOU AGREE, PLEASE INITIAL _____

IN WITNESS WHEREOF, the participant has executed this Express Assumption of Risk/Prospective Waiver of Liability and Release Agreement this ____ day of _____, 20____, which shall be binding upon the participant and their heirs, executors, administrators, and assigns. The participant does hereby further agree to indemnify and hold Studio Physique, Inc. and/or named herein absolutely harmless in the event that anyone claiming any cause of action as a result on any injury and/or death to participation attempts at any institute any claim suit against Studio Physique, Inc. arising out of any of the activities or programs herein or in the use of any equipment at any premises.

Participant Name

Date

Participant Signature



Club Rules

I agree to comply with the following rules...

*24 Hour Cancellation is required for all services

*Services/Products must be purchased in advance

*Proper attire must be worn (i.e. athletic shoes)

*Client will be on time to all services

Participant Name

Date

Participant Signature