

**Please complete and return to FRESH! via fax, email or in person  
at least 24 HOURS prior to your first scheduled session.**

All information received on this form is strictly confidential and will not be shared with any other parties without your consent. Please fill out the forms **completely and accurately**. This information is essential to helping your coach develop a program that addresses your needs, goals and interests while remaining safe, effective & FUN!

Name			Occupation	
Date of birth	D / M / Y	Age:	Gender	
Current Height			Current Weight	
Mailing address			City & Province	
Postal code			Home phone	
Email			Mobile phone	
Fax			Work phone	
Emergency Contact			Relationship	
Contact Phone			Physician name	
Physician Phone			Physician Address	Street
Physician Postal Code			City	Province      Postal Code
<b>Did someone refer you to FRESH!?</b> <i>If so, please tell us their name and relationship to you?</i>			Name	
			Relationship	

**Please provide 24 hours notice if you need to cancel or reschedule  
your Coaching appointment.**

**FRESH! Fitness**

For studio locations, maps, and directions, please visit the contact page on our website  
[www.freshfitness.ca/contact/directions/](http://www.freshfitness.ca/contact/directions/)  
p. 403.217.2730 f. 403.217.2736 e. [info@freshfitness.ca](mailto:info@freshfitness.ca)

**For office use only:**

IS  \_\_\_\_\_ MBO  \_\_\_\_\_ FSB  \_\_\_\_\_ TP  \_\_\_\_\_ NCS  \_\_\_\_\_ WC  \_\_\_\_\_

Tags/Type: PT  BC  HBB  RMR  VO2  NEWS+  Others  \_\_\_\_\_

Primary Coaching Contact: \_\_\_\_\_ 1<sup>st</sup> Appointment Date: \_\_\_\_\_

## Health & Medical Questions:

Please check the appropriate circle and provide any necessary comments in the space provided.

	Yes	No	Comments (please provide SPECIFIC details where needed)
Heart condition or chest pain	<input type="radio"/>	<input type="radio"/>	Details:
Do you smoke? (How much)	<input type="radio"/>	<input type="radio"/>	
High blood pressure?	<input type="radio"/>	<input type="radio"/>	Systolic:      Diastolic:
Low blood pressure?	<input type="radio"/>	<input type="radio"/>	Systolic:      Diastolic:
Asthma (Type?)	<input type="radio"/>	<input type="radio"/>	
Arthritis (Type?)	<input type="radio"/>	<input type="radio"/>	
Hernia (When?)	<input type="radio"/>	<input type="radio"/>	
Back problems?	<input type="radio"/>	<input type="radio"/>	
Pregnant or breast feeding?	<input type="radio"/>	<input type="radio"/>	
Joint problems?	<input type="radio"/>	<input type="radio"/>	
Medications? (Type and dose)	<input type="radio"/>	<input type="radio"/>	
Recent surgeries?	<input type="radio"/>	<input type="radio"/>	
Regularly exercise 3x/week?	<input type="radio"/>	<input type="radio"/>	
Physical exam in last 12 months?	<input type="radio"/>	<input type="radio"/>	
Please list any injuries you have had (present and past) the <b>date</b> they happened, and if you are aware of any <b>current problems caused by the injury</b> . If more room is needed, use the back of the sheet.			
I confirm that any injuries or conditions have been acknowledged and cleared for regular, unrestricted physical activity by my physician or applicable medical professional. <input type="radio"/> YES <input type="radio"/> NO			

## Exercise Questions:

- Do you consider your lifestyle as physically active? 

Yes	No
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- How often do you exercise (per week)? 

0	1	2	3	4	5	6	7+
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- What is the average length of each workout? 

< 30 minutes	30 to 45	46-60	> 60 minutes
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- Please rate the exertion of your exercise program. 

Easy	Moderate	Hard	Extreme	Varies daily
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- Do you include resistance training in your workouts? 

Every time	Often	Rarely	Never
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- What type of resistance do you use? 

Tubing	Free weights	Machines	Cables	Body weight	None	Other:
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- Do you include aerobic exercises in you workouts? 

Yes	No
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Fitness classes	Walk/ jog	Bike	Stationary equipment	Swim	Other _____
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**8. Please circle how, when, and where you prefer to exercise.**

Inside			Outside			Combination	
Large Groups		Small Groups		Alone		Combination	
Early morning	Late morning	Noon	Afternoon		Evening	Night	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	

**9. REALISTICALLY, how much time are you able to devote to an exercise program?**

Minutes per day		Days per week	
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**10. Can you exercise during your work day?**

Yes	No
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**11. What type of training are you interested in participating in (Circle all that apply)?**

Aerobics	Overall Fitness	General Weight Training	Bodybuilding
Endurance Conditioning	Yoga / Pilates / Stretching	Sport Training (list sports):	
Private Personal Training	Partner/Small Group Training	Other:	

**12. Where do you currently workout or exercise?**

Gym / club	Home	Office / work	Outside	Other:
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**13. For EACH AGE RANGE listed below, up to your present age, please rate your exercise level on a scale of 1 to 5: (1 = minimal activity, 5 = strenuous activity)**

15-20yrs	1	2	3	4	5
21-30yrs	1	2	3	4	5
31-40yrs	1	2	3	4	5
41-50+yrs	1	2	3	4	5

**14. Were you a high school and/or college athlete? If yes, please specify sport, position and level of play.**

Yes	No	Sport:	Position:	Level of play:
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**15. Do you still compete in athletics? If yes, please specify sport, level of competition, and position/event.**

Yes	No	Sport:	Position:	Level of play:
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**16. Do you have any negative feelings toward, or have you had any bad experiences with physical activity programs or fitness testing and evaluation? If yes, please explain.**

Yes	No	Explain:
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**17. When you exercise, how important is competition with yourself or others? (1 = low 5 = high)**

**18. Do you start exercise programs but then find yourself unable to stick with them? Please explain why.**

Yes	No	Explain:
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**19. What are some of the activities you enjoy doing? List any active leisure pursuits, sports, games or other modes of being physically active (ex. Hiking, mountain biking, gardening, etc.)**

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**Nutrition Questions:**

20. Please rate your nutrition on a scale of 1 to 5? (1 = poor and 5 = very healthy).

21. How many meals, *INCLUDING snacks*, do you eat in a typical day?

22. What TIME do you wake up each morning?

Weekdays	<input type="text"/>	Weekends	<input type="text"/>
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23. At what TIME do you eat your 1<sup>st</sup> meal/snack of the day?

Weekdays	<input type="text"/>	Weekends	<input type="text"/>
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24. Do you often skip meals?

Yes	No
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25. When is your largest meal of the day?

Morning	Midday	Evening
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26. How long after your last meal/snack do you go to sleep?

Hours	<input type="text"/>
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27. What activities do you engage in while eating (TV, Reading, etc.)?

28. Besides hunger, why do you eat?

Bored	Nervous	Social	Stress	Tired	Depressed	Happy
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29. Do you eat past the point of fullness?

Never	Rarely	Often	Daily
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30. Do you eat foods high in sugar?

Never	Rarely	Often	Daily
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31. What time of the day do you have the most energy?

Early AM	Late AM	Noon	Early PM	Evening	Night
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32. What time of the day do you feel most fatigued?

Early AM	Late AM	Noon	Early PM	Evening	Night
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33. How often do you eat out each WEEK? (restaurant, café, coffee shop, etc...**INCLUDES SNACKS**)

34. How many meals do you make for yourself during a typical DAY?

35. How many glasses of water (plain) do you drink in a typical DAY?

36. How many soft drinks do you consume in a typical DAY?

37. How many cups of coffee/tea do you consume in a typical DAY? (or other caffeine based drinks)

38. How many alcoholic beverages do you consume in a typical WEEK?

39. Do you have any known allergies to food or other substances?

Yes	No	Explain:
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40. Do you follow any special diets or nutritional guidelines (personal or medical)?

Yes	No	Explain:
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41. Are you currently taking any dietary supplements or vitamins?

Yes	No	Explain:
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42. What would you estimate to be your average daily caloric intake?

Don't know	Calories = <input type="text"/>
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43. How many bowel movements do you have each WEEK?

0 - 3	4 - 6	7 - 9	10 - 13	14+
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**44. List 3 areas of your nutrition that you would like to improve:**

1.	2.	3.
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**Lifestyle Questions:**

**45. How many hours of sleep do you get each night?**

<input type="checkbox"/> < 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 +
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**46. Do you wake each morning feeling rested and refreshed?**

<input type="checkbox"/> Daily	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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**47. What is your AVERAGE daily STRESS level? (1 = no stress 5 = high stress).**

**48. What areas of your life seem to cause you the most stress?**

Work	Home	Education	Finances / Investments
Family	Health / Fitness	Social life	Other:

**49. What methods do you use to deal with these stressors?**

**50. Do you have children? If so, how many and what are their ages?**

Number:	<input style="width: 90%;" type="text"/>	Ages:	<input style="width: 95%;" type="text"/>
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**51. Is anyone in your family overweight?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**52. Were you overweight as a child?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, at what ages?
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**53. Does your job require regular travel?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**54. What is your current occupation? How long have you worked in this industry?**

Occupation:	<input style="width: 95%;" type="text"/>	Years worked:	<input style="width: 95%;" type="text"/>
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**55. What was your previous occupation? How long did you work in this industry?**

Occupation:	<input style="width: 95%;" type="text"/>	Years worked:	<input style="width: 95%;" type="text"/>
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**Goal Setting:**

**56. How can a personal trainer help you? Please circle all that apply.**

Lose body fat	Develop muscle tone	Rehabilitate an injury	Nutrition Education
Start an exercise program	Build a more advanced program	Teach exercise safety & form	Sport specific training
Increase muscle size	Add FUN to exercise	Motivation	Other:

**57. How much would you like to change your current weight (pounds)?**

<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Maintain	<input style="width: 90%;" type="text"/>
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**58. Please rank your goals in undertaking exercise (1 = not important 5 = very important).**

Improve cardiovascular fitness	1	2	3	4	5
Decrease body fat %	1	2	3	4	5
Reshape or tone my body	1	2	3	4	5
Improve performance for a specific sport	1	2	3	4	5
Improve moods and ability to cope with stress	1	2	3	4	5
Improve flexibility	1	2	3	4	5
Increase strength	1	2	3	4	5
Increase energy level	1	2	3	4	5
Feel better	1	2	3	4	5
Enjoyment	1	2	3	4	5
Other	1	2	3	4	5

**59. Please list the top priority fitness goals that you would like to achieve over the next 12 months.**

1 month:	
6 months:	
1 year:	

**60. How will you feel once you've achieved these goals? Be specific.**


**61. Where do you rate health in your life?**

Low Priority	Medium Priority	High Priority
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**62. How committed are you to achieving your fitness goals?**

Very	Semi	Not very
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**63. What are the most important things your personal trainer can do to help you achieve your fitness goals?**


**64. Outline what you feel are possible obstacles, actions, behaviors or activities that could impede progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).**


**65. Provide 3 methods that you plan to use to overcome these obstacles:**

1.	2.	3.
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### **Questions to Help Us Learn More About You!**

**66. How did you hear about us? Please circle the appropriate source(s).**

Brochure	Website	Word of mouth	Local Business
Medical Professional	Email Newsletter	Current Client	Flyer
Magazine:	Newspaper:	Search Engine:	Other:

**67. Were you referred? If yes, by whom?**

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**68. Why did you choose to train with FRESH! instead of another organization? Please circle all that apply.**

Location	Personal Trainers	Cost	Customer Service
Word of Mouth	Programs	Reputation	Other: _____

**69. How far do you travel to our studio?**

From WORK	km	From HOME	km
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**70. What are your favorites?**

Clothing Store		Type of Food		Magazine	
Vacation Spot		Restaurant		Newspaper	
Way to Relax		TV Show		Radio Station	

**71. What would cause you to discontinue training with FRESH!?**

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**Participation Release & Waiver of Liability:**

I wish to participate in the exercise, fitness, nutrition, lifestyle and overall wellness training and coaching offered by Lifestyle Synergy Inc. o/a FRESH! (hereafter referred to as FRESH!). I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. *I agree that FRESH!, Lifestyle Synergy Inc. and the property managers/owners of our facilities (specifically, but not limited to: Bell Canada Corp., Dundee Canada LLP, Dundee Realty Management Corp.) shall not be held liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at our training studios, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge FRESH!, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.*

**I have read and understand this section: \_\_\_\_\_(initial)**

I certify that the answers to the questions asked of me by FRESH! employees or completed in FRESH! forms are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the Health and Medical section of the form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on-going, which might affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this section: \_\_\_\_\_(initial)**

I have been informed, understand, and am aware that physical fitness training including, but not limited to strength, flexibility, and cardiovascular exercise, and the use of training equipment, is potentially hazardous and can involve the risk of serious injury. I am voluntarily participating in these activities, using the equipment and machinery, with full knowledge, understanding and appreciation of the dangers involved. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

**I have read and understand this section: \_\_\_\_\_(initial)**

I understand the results of any health and wellness programs cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. In addition, the services provided by FRESH! are based upon scientific principles and knowledge that are constantly being changed and updated. Therefore, changes in training practices and educational teachings will vary over time as new scientific information becomes available.

**I have read and understand this section: \_\_\_\_\_(initial)**

**Acceptance of Administrative Policies:**

I understand that all FRESH! services are scheduled and conducted within a predetermined time frame and should I arrive late, there is no guarantee I will receive the full session with my Coach. In return, if my Coach is late for a session, I will still receive the full session time even if it must be made up at a later date. **FRESH! adheres to a 24 hour cancellation policy.** For private coaching sessions no charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session within 24 hours of the session start time, I will be charged in full for that session. Group sessions are not rescheduled, and no credit is given for missed group sessions. To ensure consistency in my coaching program and continued progress, FRESH! recommends that all cancelled or missed sessions be rescheduled as soon as possible.

**I have read and understand this section: \_\_\_\_\_(initial)**

I understand that during a coaching session, my trainer may have to physically touch me to correct alignment and/or to focus my concentration on a particular muscle area or movement. If I feel uncomfortable or experience any type of discomfort with this "Touch Training", I will immediately request that my trainer discontinue using this technique.

**I have read and understand this section: \_\_\_\_\_(initial)**

I understand that should my Coach become ill or be away on holidays, another qualified coach will be assigned to me so that my progress does not suffer. I also understand that in the event that my Coach is no longer employed by FRESH!, a suitable and qualified replacement will be re-assigned to oversee my program and coaching sessions.

**I have read and understand this section: \_\_\_\_\_(initial)**

**I have read the Participation Release, Waiver of Liability, and Administrative policies listed above. I understand and accept each point. I sign it voluntarily and with full knowledge of its significance.**

<b>Client Name:</b>		<b>Signature:</b>	
<b>Date:</b>			