



NEW CLIENT INTAKE

Please complete and return 48 hours prior to your first scheduled appointment.

All information received on this form will be treated with confidence. Please fill out the forms ***completely and accurately***. This information is essential to help our team develop a program that best meets your needs, goals and interests.

Last Name:		First:	
Age:		Date of Birth: M/D/Y	
Address:			Postal Code:
Home Phone:		Work:	
Mobile:		E Mail:	
Occupation:		Active/Sedentary	
Physician:			
Physician's Address:		Postal Code:	
Emergency Contact:		Emergency Ph:	
Team Fitness Personal Training will send information regarding your physical exercises program to your physician unless you request otherwise.			

Please provide 48 hours notice if you need to cancel or reschedule your appointment.

LANDMARK VI
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p. 250.762.4957 f. 250.762.4967

<i>For office use only:</i>			
Team Member		Date Assigned	
CSR		Priority	
W/L		1 st Appt	
Pkg		Time	
Start Wt		Referral	

PAR-Q FORM

info@teamfitnessbc.com www.teamfitnessbc.com

Lifestyle History		
Do you smoke?	YES	NO
Do you drink alcohol? glasses/week		
On average, how many hours do you sleep at night?		
Describe your job: <input type="radio"/> _Sedentary <input type="radio"/> Active <input type="radio"/> Physically Demanding		
Does your job require travel?		
On a scale of 1(low)-5(high), how would you rate your stress level?		
List your 3 biggest sources of stress: 1. 2. 3.		
Is anyone in your family overweight? <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sibling <input type="radio"/> Grandparent		
Were you overweight as a child?	age:	lbs:
Fitness History		
When were you in the best shape of your life?		
Have you been exercising consistently for the past 3 months?		
When did you first start thinking about getting in shape?		
On a scale of 1(worst)-5(best), how would you rate your present fitness level?		
Nutrition History		
On a scale of 1(poor)-5(excellent), how would you rate your Nutrition?		
Including snacks, How many times a day do you usually eat?		
Do you skip meals?		
Do you eat breakfast? yes		
Do you eat late at night? <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Never		
What activities do you engage in while eating? (TV, reading etc)		

How many glasses of water do you consume daily?		
Do you feel drops in your energy levels throughout the day? <u>no</u> If yes, when?		
How many calories do you eat per day		
At work or school, do you usually <input type="radio"/> Eat out <input type="radio"/> Bring food		
How many times per week do you eat out?		
Do you do your own grocery shopping?		
Do you do your own cooking?		
Besides hunger, what other reason(s) do you eat?		
<input type="radio"/> Boredom <input type="radio"/> Social_ <input type="radio"/> Stressed <input type="radio"/> Tired <input type="radio"/> Depressed <input type="radio"/> Happy <input type="radio"/> Nervous		
Other:		
Do you eat past the point of fullness? <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/>		
Do you eat foods high in fat and sugar? <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never		
List 3 areas of your Nutrition you would like to improve:		
1. 2. 3.		
Exercise History		
IF inactive ...skip to next section		
How often do you take part in physical exercise? 5-7x/week 3-4x/week 1-2x/week		
If your participation is lower than you would like it to be, what are the reasons?		
<input type="radio"/> motivation <input type="radio"/> illness/injury <input type="radio"/> time <input type="radio"/> financial <input type="radio"/> Knowledge <input type="radio"/> Fear <input type="radio"/> mental health		
Other:		

How many months/years have you been CONSISTENTLY physically active for? 30 years

What activities are you presently involved in?
cycling, skiing, walking, hiking, gym - light weights and cardio
Aerobic or Sport

	Type of Exercise/sport	Per Week	Length	Intensity (L/M/H)
1.				
2.				
3.				
4.				

Strength Training

1.
2.
3.

Stretching Frequency/Week: 4 times Average Length: 3-4 minutes

Please hi-lite all the activities that interest you:

- | | | |
|-------------------------|-------------------|---------------------|
| Aerobic Fitness Classes | Indoor Cycling | Snowshoeing |
| Baseball | Kayaking | Soccer |
| Basketball | Partner Training | Swimming |
| Boxing | Pilates | Tennis |
| Cross Country Skiing | Personal Training | Triathlon |
| Football | Racquetball | Volleyball |
| Golf | Rock climbing | Walking |
| Group Personal Training | Running | Wallyball |
| Hiking | Skiing | White Water Rafting |
| Ice Skating | Snowboarding | Yoga |
| Other: | | |

Personal Program Preferences

Please hi-lite/check how you prefer to exercise

1. indoors outdoors combination
2. private partner small group large group
3. morning early afternoon before dinner after dinner

Realistically, my goal is to exercise: days/week

My time budget for each exercise day is: _____ minutes

My preferred days to commit to my exercise program are:
M T W T F S S

If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Wellness Goal Setting

I was inspired to work with a TEAM Fitness trainer to/for:

Lose Body Fat
 Increase Muscle Size
 Develop Muscle Tone
 Rehabilitate an Injury
 Launch an Exercise Program
 Sports Specific Training
 Advanced program
 Safety
 Fun
 Motivation
 accountability
 Nutrition

Other: _____

I learn physical movement best by: verbal visual learning

In order to have successful goal outcomes...we encourage your goal setting to follow the 'SMART' principle.

S= Specific (Precise details, how long, how much etc.)
M= Measurable (How will you measure whether you've reached your goals)
A= Attainable (Be challenging yet realistic, set smaller goals along the way to main goal)
R = Relevant to your personal lifestyle values
T = Time Bound (set target dates, frequency etc.)

Using the SMART principle, list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

1. _____

2. _____

3.
Specifically, how will you feel once you've achieved these goals?
How will achieving this goal support your personal values?
On a scale of 1 (low) - 5 (high), how important is health?
In the past 6 months what behaviours have supported your value of health? 1. 2. 3.
In the past 6 months what behaviours have sabotaged your value of health? 1. 2. 3.
On a scale of 1 (low) 2 - 3 - 4 - 5 (high) how committed are you to realizing your goals?
In order of importance, how can your Personal Trainer be most effective in helping you meet your wellness/fitness needs so you may achieve your wellness goals? 1. 2. 3.
What real world circumstances would improve when your wellness needs are met? For example: walk a full 18 holes, belt buckle down a size, easier to ride my bike uphill to house, climb stairs with ease etc.
Outline past or potential obstacles, actions, behaviors or activities that impede successful wellness goal outcomes: 1. 2. 3.
Outline 3 methods that you have or plan to use to overcome these obstacles: 1. 2. 3.
We love what we do ...and, we think that it matters. Please provide your feedback so we may continue to support our community's wellness quest

How did you hear about us?

- Word of Mouth Landmark Tennant Website Internet Search Words used in search :
 Lifestyle Seminar Sporting Event wellness practitioner:
 Chamber of Commerce Other:

Who may we thank for your referral?

Why did you choose to train with Team Fitness Personal Training? Please hi-lite that which applies.

- Location Personal Trainer(s) Reputation Cost Customer Service Word of Mouth Programs Other

What about our TEAM philosophy stood out for you?

I live or work _____ miles from The TEAM Fitness Studio

What radio station(s) do you support?

What would cause you to discontinue training with Team Fitness Personal Training?

Pay Forward the Gift of wellness:

We are grateful to have your business. We realize there are many choices for your wellness needs. Thank you for choosing us we appreciate it very much. When we are meeting your wellness checklist we hope you will share us with your friends and family.

Share our Complimentary 1st time visit TEAM Fitness Gift Card. Talk to your trainer or front desk team member for this unlimited gift card. You could be the person to change someone's life.

Giving a gift card? Buy any \$100 G/C to inspire someone to start the road to wellness for only \$80. Valid any time. One gift per/person on any denomination.

Personal training, lifestyle coaching and nutrition consult gift cards can be purchased in any denomination. Christmas, Birthdays, Just Because days. We'll do our best to look after those you love.

BCACC

We have a registered clinical counsellor as part of our team. If an emotional or mental obstacle is hindering your physical wellness plan -- a check in with our coach may help you

find solutions to move through your challenges. Book an office consult, a walk/talk session or a mood fitness workout. Learn more by contacting Liz Sage MC 250-317-6263.

Your almost there. Thank you for taking the time so we may be best informed for you to be your best. Please read and sign the release below and scan to info@teamfitnessbc.com or fax 250--762-4957 48hrs prior to your first visit.

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I, _____, wish to participate in the exercise and training program offered by Team Fitness Personal Training and Lifestyle Coaching (TFPT). 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 TFPT and/or Al Stober Construction shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge TFPT and Al Stober Construction, 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 term: _____(initial)
- 2) I certify that the answers to the questions outlined on the PAR-Q form 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 PAR-Q 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 term: _____(initial)
- 3) 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 term: _____(initial)
- 4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.
I have read and understand this term: _____(initial)
- 5) I understand that all Private Personal Training rates are based on 30, 50 or 55 minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. If my Personal Trainer is more than 10mins

late or unavailable for a reserved session, my session and or next session will be complimentary.

I have read and understand this term:_____ (initial)

- 6) I understand that Team TFPT bills for services by auto debit. Clients may access their account balances, schedule and payment history online. Please provide your preferred payment method with our service team member at the end of your first assessment to arrange future payments for service.

I have read and understand this term:_____ (initial)

- 7) I understand that TFPT operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that TFPT recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term:_____ (initial)

- 8) I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

I have read and understand this term:_____ (initial)

- 9) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

I have read and understand this term:_____ (initial)

- 10) I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my Personal Trainer is no longer employed by TFPT, a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

I have read and understand this term:_____ (initial)

- 11) I understand that TFPT photographs many of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes.

I have read and understand this term:_____ (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

TRAINER

DATE

DATE

WITNESS

DATE