



Physique Unique

Client Health History

Client Information

Miss Mr Mrs Ms

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (____) _____ Work Phone: _____

Date of Birth (MM) ____ (DD) ____ (YYYY) _____

Existing Medical Conditions—Please check the applicable conditions

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Arthritis	Trainer Comments: _____ _____ _____
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Obesity	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cholesterol	
<input type="checkbox"/> Hernia	<input type="checkbox"/> Anemia	<input type="checkbox"/> Ulcer	<input type="checkbox"/> Eye Problems	
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Thyroid Problems			

Family Health History

1. Circle any family member who died of a heart attack before age 50:

Father Mother Sister Brother Grandparent

2. List any major illnesses your immediately family suffers from:



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Medications

Are you currently taking any medications? Yes No

If YES, please list the medication and for what condition:

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Injuries _____

Do you have pain or have you injured any of the following areas:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Upper Back | <input type="checkbox"/> Lower Back |
| <input type="checkbox"/> Shoulder R / L | <input type="checkbox"/> Elbow R / L | <input type="checkbox"/> Wrist R / L |
| <input type="checkbox"/> Hip R / L | <input type="checkbox"/> Knee R / L | <input type="checkbox"/> Ankle R / L |

Health Care Professionals

Do you have regular treatment from any of the following individuals?

- | | | |
|--|--|--|
| <input type="checkbox"/> General Practitioner (Annual) | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Massage Therapist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Naturopath |

Current Activity Levels

1. Do you consider yourself to be active? Yes No

2. How often do you exercise? 0 1 2 3 4 5 6 7 days a week

3. Any reason why you can't exercise regularly?



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4. What exercise do you enjoy?:

- | | | | |
|----------------------------------|---|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Running | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Stairmaster | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Cycling | <input type="checkbox"/> Indoor Cycling | <input type="checkbox"/> Other |

Lifestyle

1. Rate your stress on a daily basis: Low Mild Moderate Frequent
2. How much sleep do you average each night? Below 4 5 6 7 8 9 More than 10 Hours
3. Do you smoke? Yes No
4. Alcohol Consumption? None Mild Moderate Frequent

Nutritional Habits

1. Weight Now _____ lbs. Ideal Weight _____ lbs.
2. Do you follow a special diet? Yes No If yes, please specify: _____
3. How would you rate your eating habits? Poor OK Good Very Good
4. Is weight loss one of your primary exercise goals? Yes No



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Goal Planner

Present Status

List 3 things that describe you now:

1. _____
2. _____
3. _____

How does your present status make you feel? _____

Three Month Plan

What do you want to achieve? (Choose the 3 most important goals)

- | | | |
|--|--|--|
| <input type="checkbox"/> Lose fat | <input type="checkbox"/> Have more energy | <input type="checkbox"/> Improve eating habits |
| <input type="checkbox"/> Exercise More Regularly | <input type="checkbox"/> Strengthen my heart | <input type="checkbox"/> Drink more water |
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Reduce blood pressure | <input type="checkbox"/> Increase muscle tone |
| <input type="checkbox"/> Increase flexibility | <input type="checkbox"/> Strengthen core | <input type="checkbox"/> Improve balance, coordination and agility |

Short and Long Term Goals

1 Month Goals _____

3 Month Goals _____

6 Month Goals _____

1 Year Goals _____

How will you know you have achieved these goals? _____

Start Date: _____ End Date: _____

What needs to be done to achieve these goals? _____



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Vital Signs (To Be Completed By The Trainer)

Name: _____ Date: _____

Client Information

Age: _____

Weight: _____

Height: _____ ft. _____ in.

Vitals: _____

Resting Heart Rate: _____ BPM

Blood Pressure: _____

Measurements (in.)

Upper Arm: _____

Waist: _____

Chest: _____

Hips: _____

Thigh: _____

Calf: _____

Times Available for Fitness Activities

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____ Saturday: _____

Restrictions to Keep in Mind:



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Liability Release

I _____ (The Client) acknowledge:

That Davene Michie (The Coach) advised me before commencing my participation in any activity whatsoever (The Activity) at Physique Unique (The Premise) that I should consult a licensed physician (Physicians Release) before participating in order that my physical condition and my suitability for the activity could be professionally and independently assessed.

That the Coach has advised me, prior to my commencement of participation in the activity that such participation involves vigorous exercise which could result in physical injury.

That I have consulted my own physician before participating in the activity or have without any undue influence or inducement from the Coach or anyone affiliated with Physique Unique or anyone on its behalf, determined not to consult a physician prior to participation in the activity.

That in consideration of fees paid by me for services, I freely and knowingly assume the risks inherent in participation in the Activity, of which some risks have been explained to me by the Coach, including but not limited to injury caused by the use or misuse of any equipment or any other injury caused by the misuse of any equipment or any other injury on the premises or on the property leading up to the premises, caused by any person or inclement weather conditions. Including injury as a result of treatment or nutritional advise and I hereby waive any right, claim or cause of action against Physique Unique, its officers, directors, employees and agents and release them from any liability whatsoever for any injury, cost, damage, expense or claim which I or anyone on my behalf or that my estate or dependants might have as a direct or indirect result of my participation in the activity.

That I have read, understand and agree with each of the foregoing and have received a copy of this Agreement on the dated described below.

Signature of Client

Witness Signature

Printed Name of Client

Printed Name of Witness

Street Address _____

City, Province _____ Postal Code _____

Phone _____

Date _____ Time _____



Physique Unique

Personal Training Agreement

This Agreement, made this day of _____, 20 ____ by and between Physique Unique (Hereinafter The Trainer) and _____ an individual residing at _____ (Herein after The Client).

Whereas Physique Unique has a great deal of knowledge and expertise in the area of physical fitness and personal training and Whereas the Client wishes to benefit him/herself of Physique Unique services, advise and programs during the term of this agreement. Physique Unique is willing to offer such services and terms and conditions set forth in this agreement. The parties listed hereto agree:

TERM: The Client hereby hires and retains the Trainer for a period of 1 to 15 sessions to be completed in one year.

FEES: For all services to be rendered by The Trainer under this agreement, The Trainer shall be paid at a rate of \$70.00 to \$90.00 per session. This is contingent upon the package that the client chooses to purchase. The fees for all above sessions shall be paid in full upon execution of this agreement.

CANCELLATIONS: Cancellations must be made 15 Hours in advance of scheduled sessions. This will give The Trainer enough time to fill the spot. Sessions cancelled less than 15 hours advance will be charged in full to client. *If the trainer fails to give The Client 15 hours cancellation notice The Client will not be charged the next time they have to give less than 15 Hours notice. The Client will not be charged the next time they have to give less than 15 Hours notice. The Client can bank this NO CHARGE ON NEXT CANCELLATION for as long as The Client wishes to use the services provided by The Trainer.

LATE ARRIVALS: Sessions shall be 60 minutes in length and shall start at the scheduled time. Sessions will not be extended due to the tardiness of The Client or due to the interruptions made by The Client. Any client who has not arrived within 15 minutes after the scheduled time shall be deemed cancelled and will be charged for that session.

REFUNDS: In the event that a medical problem or prolonged circumstances prevents completion of the contracted sessions within the time period set forth in this agreement, The Client may take an extended period of time not to exceed one year to complete said sessions. There shall be no cash refunds. All sessions must be used.

CONSENT: I, the Client have been informed, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment are potentially hazardous activities. I also have been informed, understand and am aware that fitness activities involve risk of injury and that I am voluntarily participating in these activities and use equipment with full knowledge, understanding and appreciations of the dangers involved.

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Physique Unique

Personal Training Agreement (Continued)

Please read in entirety and initials beside each agreement 1- 6 and sign at the bottom of this agreement.

This agreement may not be charged except by written amendment duly executed by all parties.

Executed this _____ (day) of _____, 20_____.

Signed, The Trainer

Printed Name, The Trainer

Signed, The Client

Printed Name, The Client

Signed, The Witness

Printed Name, The Witness



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Consent Form

By signing this document, I acknowledge that I have voluntarily chosen to participate in program of progressive physical exercise.

I also acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for usual, but possible, physiological results including but not limited to abnormal blood pressure, fainting, heart attack or even death.

I also understand that I may stop any training session at anytime. By signing this document, I assume all risk for my health and well being and any resultant injury or mishap that may affect my well being or health in any way and hold harmless of any responsibility, the instructor, facility or persons involved with the program and testing procedures.

Print Name : _____ (The Client)

Signature: _____ (The Client)

Consent to Physical Contact

This letter is written to allow Physique Unique (Personal Trainers) permission to spot me during an exercise session. I realize that spotting may be required due to improper form and corrections may have to be made by the trainers, which will require them to touch me. If I choose to have my measurements and body fat percentage done I am aware that the trainer may have to touch me.

I give Physique Unique (personal trainers) permission to all of the above mentioned on this date.

Print Name : _____ (The Client)

Signature: _____ (The Client)

Date: _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

