

Client Information Questionnaire



Please complete and return to your Personal Trainer at least 2 days prior to your first scheduled session.

All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping your trainer develop a program that addresses your needs, goals, and is safe and effective.

PERSONAL INFORMATION

NAME DoB AGE

ADDRESS CITY ZIP CODE

MOBILE EMAIL @

OCCUPATION

EMERGENCY CONTACT

PHONE RELATIONSHIP

CENTER OF INTEREST

Kungfu Wushu (Modern Taolu) Sanda, Sanshou (Chinese Kickboxing)

Shaolin (Traditional Taolu) Taiji

Self Defence Qinna Jeet Kune Do

Qigong Personal Trainer Crossfit

HELP US TO HELP YOU

How can we best help you ? Please check that which applies

Reduce fat Build muscle mass Pre/post natal care

Tone muscles Improve exercise technique Rehabilitation

Improve sport specific skills Increase motivation Reduce stress

Increase flexibility Improve health Add variety to exercise regime

Improve cardiovascular fitness Improve eating habits Other : _____

What potential obstacles, actions, activites, etc, do you feel could slow your progress toward your goals ?

Lack of interest Boredom of exercise Illness or injury (please note any injury that has occurred within the past 2 years) _____

Lack of time Motivation _____

Other : _____

Please circle how/when you prefer to exercise

LARGE GROUPS SMALL GROUPS ALONE | MORNING AFTERNOON EVENING

Based on your schedule and our facility location, where will most workouts take place ?

- Kungfu Wushu Academy Fitness studio Another gym
- Home Outside Other : _____

Based on your commitment, how often would you like to see a personal trainer to help you achieve your goals ?

- 3x/week 2x/week 1x/week 1x/two weeks Other : _____

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

- Mon. Tue. Wed. Thu. Fri. Sat. Sun.

Have you practiced a martial art before ? YES _____ NO

When were you in the best shape of your life ? _____

Have you been exercising consistently for the past 3 months ? YES NO

On a scale of 1-10, how would you rate your present fitness level ?



Do you smoke ? YES how many per day ? _____ NO

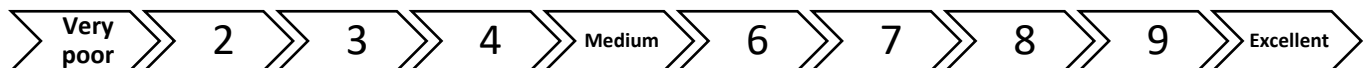
Do you drink alcohol ? YES how many glasses per week ? _____ NO

Describe your job : Sedentary Active Physically Demanding

On a scale of 1-10, how would you rate your stress level ?



On a scale of 1-10, how would you rate your nutrition ?



How many times a day you usually eat (including snacks) ? _____

Do you eat breakfast ? YES NO

Do you skip meals ? YES NO

How many glasses of water do you consume daily ? _____

Are you currently or have you ever taken a multivitamin or any other food supplements ? YES please list the supplements _____

_____ NO

About my « **Client Information Questionnaire** », I certify that the answers are true and complete.

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 requested 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 all employees 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.

SIGNATURE : _____

DATE : _____