



Please complete the following questions prior to starting your exercise program with a Fitness Forward Trainer:

Personal Information:

Name: _____ Date: _____
Address: _____
Email: _____
Phone Number: (____) _____ - _____ cell (____) _____ - _____
Date of Birth: _____

Emergency Contact:

Name: _____ Relationship: _____ Day Phone (____) ____ - _____

Family Physician:

Name: _____ Physician's Phone: (____) ____ - _____ Location: _____

Health Agreement:

I believe that I can participate in a fitness program. If I feel that I have any limitations, I will consult with my physician prior to receiving fitness training from Fitness Forward. I agree to work within my own abilities and parameters. I will express any limitations to Fitness Forward trainers for the benefit of all.

Medical clearance from my physician may be required prior to starting an exercise program. Please inform trainer of any changes in your medical condition. I agree that I have had a yearly medical check-up in the past twelve months. **Initials:**

Any known current or past illness or condition/s that may cause limitations in an exercise program:

Date of last medical check-up: _____

Liability Waiver:

All clients participating in Fitness Forward sessions must sign a liability waiver prior to participating in a training session.

Fitness Forward Participant Waiver of Liability and Release:

Each participant of Fitness Forward assumes fully all risks when he/she participates in a session and agrees not to hold Fitness Forward liable for injury, loss or damage which may occur to him/her as a result of participation in an exercise training session or related training activity through Fitness Forward. Each participant of Fitness Forward takes full responsibility for personal property and hereby agrees to release Fitness Forward and its owners, employees and agents from any and all liability for any loss that may occur during any training activity or session. By signing this Waiver of Liability and Release, the undersigned acknowledges that he/she is fully aware that participation in Fitness Forward training is at his/her own risk and agrees that Fitness Forward shall not be held liable for any bodily injury, loss, or property damage arising out of or resulting from any negligence (excluding only gross negligence) on the part of Fitness Forward or its owners, employers or agents. As with any physical activity, checking with a family physician is always strongly recommended prior to starting any exercise program.

BY MY SIGNATURE I INDICATE THAT I HAVE READ FULLY AND UNDERSTAND THIS AGREEMENT AND SIGN BELOW ON MY OWN FREE WILL.

Signature: _____ Date: _____



Appointment Policy and Details:

Fitness Forward Studio enforces a 24 hour cancellation policy. You will be charge the full training session fee if your scheduled appointment is not cancelled in 24-hours or no-show for your appointment.

Please contact Debbie Smith-Potts at (425) 466-3653 for all cancellations or other scheduling conflicts.

Fees: Updated list on www.FitnessForwardStudio.com

Returned Checks: There will be a \$25 service charge for returned checks.

Current Health Report:

Age: _____ Height: _____ Weight: _____ Body Fat: _____%

Cholesterol: _____ HDL/LDL: _____ Blood Pressure: _____mm/_____hg

Lifestyle:

Hours of sleep per night: _____ Tobacco uses? _____

Frequency of alcohol per week? _____ Hours of work per week? _____ Sitting? _____

Stress level? _____

Frequency of massage, Chiropractor or Acupuncture? _____

Have you experienced or diagnosed of any of the following? Any family history of the following?

- Asthma? _____
- Diabetes or abnormal blood sugar levels? _____
- Migraines? _____
- Thyroid problems? _____
- Currently pregnant? _____
- Breastfeeding? _____
- Heart trouble, heart attack or coronary? _____
- Back pain? _____
- Chest pain? _____
- Dizziness or fainting? _____
- High Blood Pressure? _____
- Low Blood Pressure? _____
- IBS problems? _____
- Joint problems? _____
- Muscular injuries or ailments? _____
- Muscle cramping? _____
- Ankle or foot injuries? _____
- Fatigue? Depression? Anxiety? _____
- Other: _____

Current Medications: _____

Reason: _____



Nutrition History and Eating Habits:

Diet or weight loss history: _____

How would you describe your current *daily nutrition habits or plan*? _____

What are your cravings? _____ Food challenges? _____

How often do you eat out per week? _____ How often do you grocery shop? _____

Do you eat breakfast? _____ What are you "go to" snacks when on the go? _____

How long do you feel full after a meal? _____ Do you skip meals in the day? _____

Do you snacks mid- morning or mid-afternoon? _____ How many meals per day? _____

Do you eat until comfortably full or past fullness? _____

Do you eat when you are hungry? _____ Bored? _____ Lonely? _____

How much *water* do you drink per day? _____

How many *caffeinated beverages* do you consume per day? _____

Which *food habits* would you like to improve that you tend to struggle with frequently? _____

What is your typical solution to losing weight? _____

What are *three food goals* which you would like to improve in the next eight weeks?

1. _____
2. _____
3. _____

Weekly Food Log: include time of day, hunger level, and beverages

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Exercise History and Schedule:

Are you currently following an exercise program: _____ what type? _____
 How long have you been exercising more than three times per week? _____

Are you involved in a strength training program? _____ Per week.
 Stretching, Pilates or Yoga? _____ per week.

Have you participating in any fitness events or races? _____

What is your best time in a (list date and event if possible)

5k _____ 10k _____ half marathon _____ marathon _____

How many of the following race distances have you completed?

5k _____ 10k _____ half marathon _____ marathon _____

Weekly ideal exercise schedule: include type of exercise, duration and hear rate/RPE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type:						
Duration:						
Avg. Heart Rate or RPE (1-10 scale)						

What are your current fitness goals for the next six to twelve months?

What help and guidance do you need from your coach/trainer?



Current Activity and Exercise Evaluation:

What areas of improvement?

What are the following five steps you will take to reach your goals:

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____
5. _____ Date: _____

The specific benefits that I will gain by taking these steps include:

I will reward myself for successfully taking these steps by:

Weight and Eating Habits:

To eat healthier and achieve a more reasonable weight, I will take the following five steps:

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____
5. _____ Date: _____



Additional Goals:

A _____ Date: _____

B _____ Date: _____

C _____ Date: _____

Challenges and Solutions

The challenges I will face in reaching my goals include:

I will overcome these challenges by:

Evaluation of Goals:

We plan to review these goals on _____.

Client Signature Date

(Trainer)