

"Changing Lives"  
One Step at a Time

CLIENT INFO

# CLIENT INFORMATION QUESTIONNAIRE

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.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
M D Y

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_(h) \_\_\_\_\_(o) \_\_\_\_\_(fax)

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Street City State Zip Code

Upward Motion Personal Training will send information regarding your physical exercise program to your physician unless you request otherwise.

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



Upward Motion Personal Training located:

336 Adams St S.E..  
Albuquerque, NM 87108  
p. 505.268.1231 f. 505.268.1968

Upwardmotionpersonaltraining@gmail.com

**For office use only**

**Personal Trainer:** \_\_\_\_\_

**1<sup>st</sup> Appointment:** \_\_\_\_\_

**PAR-Q FORM**

Please mark YES or No to the following:

**YES NO**

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? \_\_\_\_\_

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness? \_\_\_\_\_

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? \_\_\_\_\_

Are you pregnant now or have given birth within the last 6 months? \_\_\_\_\_

Have you had a recent surgery? \_\_\_\_\_

If you have marked YES to any of the above, please elaborate below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

\_\_\_\_\_  
\_\_\_\_\_

**Lifestyle Related Questions:**

1) Do you smoke? YES NO If yes, how many? \_\_\_\_\_

2) Do you drink alcohol? YES NO If yes, how many glasses per week? \_\_\_\_\_

3) How many hours do you regularly sleep at night? \_\_\_\_\_

4) Describe your job:  Sedentary  Active  Physically Demanding

5) Does your job require travel? YES NO

6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? \_\_\_\_\_

7) List your 3 biggest sources of stress:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

8) Do you regularly utilize the services of a massage therapist? YES NO

9) Is anyone in your family overweight?  Mother  Father  Sibling  Grandparent

10) Were you overweight as a child? YES NO If yes, at what age(s)? \_\_\_\_\_

## Fitness History:

- 1) When were you in the best shape of your life? \_\_\_\_\_
- 2) Have you been exercising consistently for the past 3 months? YES NO
- 3) When did you first start thinking about getting in shape? \_\_\_\_\_
- 4) What if anything stopped you in the past? \_\_\_\_\_
- 5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? \_\_\_\_\_

## Nutrition Related Questions

- 1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? \_\_\_\_\_
- 2) How many times a day do you usually eat (including snacks)? \_\_\_\_\_
- 3) Do you skip meals? YES NO      4) Do you eat breakfast? YES NO
- 5) Do you eat late at night?     Sometimes     Often     Never
- 6) What activities do you engage in while eating? (TV, reading etc) \_\_\_\_\_
- 7) How many glasses of water do you consume daily? \_\_\_\_\_
- 8) Do you feel drops in your energy levels throughout the day? YES NO If yes, when? \_\_\_\_\_
- 9) Do you know how many calories you eat per day? YES NO If yes, how many? \_\_\_\_\_
- 10) Are you currently or have you ever taken a multivitamin or any other food supplements? Y N  
If yes, please list the supplements:  
\_\_\_\_\_  
\_\_\_\_\_
- 11) At work or school, do you usually:  Eat out  Bring food
- 12) How many times per week do you eat out? \_\_\_\_\_
- 13) Do you do your own grocery shopping? YES NO
- 14) Do you do your own cooking? YES NO
- 15) Besides hunger, what other reason(s) do you eat?  
 Boredom     Social     Stressed     Tired     Depressed     Happy     Nervous
- 16) Do you eat past the point of fullness?  Often     Sometimes     Never
- 17) Do you eat foods high in fat and sugar?  Often     Sometimes     Never
- 18) List 3 areas of your Nutrition you would like to improve:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Exercise Related Questions:** Skip to next section if you are presently inactive.

1) How often do you take part in physical exercise?

5-7x/week      3-4x/week      1-2x/week

2) If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest    Illness/Injury    Lack of Time    Other \_\_\_\_\_

3) How long have you been consistently physically active for? \_\_\_\_\_

4) What activities are you presently involved in?

<b>Cardio &amp;/or Sports</b>	Frequency/Week	Average Length	Easy/Mod/Hard
-------------------------------	----------------	----------------	---------------

_____			
_____			

<b>Strength Training</b>	Frequency/Week	Average Length	Easy/Mod/Hard
--------------------------	----------------	----------------	---------------

_____			
-------	--	--	--

List exercises: \_\_\_\_\_

<b>Stretching</b>	Frequency/Week	Average Length
-------------------	----------------	----------------

_____		
-------	--	--

5) Please circle all the activities that interest you:

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

**Developing your Fitness Program:**

1. Please circle how you prefer to exercise:

a)      INSIDE              OUTSIDE              COMBINATION

b)      LARGE GROUPS      SMALL GROUPS      ALONE              COMBINATION

c)      MORNING      AFTERNOON      EVENING

2. Realistically, how often a week would you like to exercise? \_\_\_\_\_x/week

3. Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_

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

M      T      W      T      F      S      S

5. 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

**Goal Setting:**

**How can a Personal Trainer help you? Please check that which applies.**

- Lose Body Fat     Develop Muscle Tone     Rehabilitate an Injury     Nutrition Education
- Start an Exercise Program     Design a more advanced program     Safety
- Sports Specific Training     Increase Muscle Size     Fun     Motivation
- Other \_\_\_\_\_

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

- S= Specific (Provide details, how long, how much etc.)
- M= Measurable (How will you measure whether you've reached your goals)
- A= Attainable (Be realistic, set smaller goals)
- R = Rewards-Based (Attach a reward to each goal)
- T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

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

---



---



---

3. Where do you rate health in your life?  Low priority     Medium Priority     High priority

4. How committed are you to achieving your fitness goals?  Very     Semi     Not very

5. What do you think the most important thing your Personal Trainer can do to help you achieve your fitness goals?

---



---



---



---

6. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your 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.).

---

---

---

7. Outline 3 methods that you plan to use to overcome these obstacles:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Miscellaneous Questions:**

1. How did you hear about us? Please check that which applies.

- Brochure  Yellow Pages  Website  Drop-in
- Word of Mouth Referral – Who? \_\_\_\_\_
- Newspaper/Magazine Column – Which one? \_\_\_\_\_
- Flier in local business – Where? \_\_\_\_\_
- Chamber of Commerce  Other \_\_\_\_\_

3. Why did you choose to train with Upward Motion Personal Training instead of another organization? Please check that which applies.

- Location  Personal Trainers  Cost  Customer Service  Word of Mouth
- Programs  Other \_\_\_\_\_

4. How far do you live from our training studio? \_\_\_\_\_ miles

5. Which newspaper(s) do you read? \_\_\_\_\_

6. Which radio station(s) do you listen to? \_\_\_\_\_

7. Which local magazine(s) do you read? \_\_\_\_\_

8. Which local morning TV show do you watch? \_\_\_\_\_

9. What would cause you to discontinue training with Upward Motion Personal Training?

---

10. The Gift of Fitness:

At Upward Motion Personal Training we rely on happy clients telling others about our services. We may both be able to make a huge difference in somebody's life. Please take the time to jot down the names of 2 friends who you would like to offer a complimentary consultation to. Once you discuss this with them, we'll call them and book them for their first session.

Name

Phone

i. \_\_\_\_\_

\_\_\_\_\_

ii. \_\_\_\_\_

\_\_\_\_\_

**Upward Motion Personal Training Studio • [upwardmotionpersonaltraining@gmail.com](mailto:upwardmotionpersonaltraining@gmail.com)  
336 Adams St. S.E. • 505.268.1231 • [www.upwardmotionpt.com](http://www.upwardmotionpt.com)**

## PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Upward Motion LLC. (UPLLC). 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 Upward Motion LLC. (UMLLC) 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 Upward Motion LLC (UPLLC), 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 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.

**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, Group Fitness Instructor or alternate staff.

**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 25, 55 or 85 minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

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

- 6) I understand that UPLLC bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and

payment plan I will purchase, payment must be made before the sessions are conducted. Credit cards, cash and checks made payable to Upward Motion LLC are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within one year of purchase.

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

- 7) I understand that UMLLC operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 48 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours notice given. Should I cancel a session with 48-24 hours prior notice, I will be charged 50% for that session. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session and work will be completed on my program in my absence. I understand that UMLLC 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 or group training session, my trainer/instructor 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 it be discontinued.

**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 or any other staff member.

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

- 10) I understand that Upward Motion LLC. 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

\_\_\_\_\_  
PERSONAL TRAINER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE