CITY OF MISSION
PARKS, RECREATION AND CULTURE

2024 Personal Training
Client Information Package

Trainer Requested: _____

Thank you for choosing to train with a Mission Parks, Recreation & Culture Personal Trainer. Please fill out this package and return it to the front desk. **Sessions will not be scheduled until complete Client Information Package and Par-Q+ form are submitted in full and are not flagged for physician's clearance.** All information received in this package will be treated confidentially. This information is essential in developing a program that addresses your needs, goals and interests in a safe and effective manner.

We strongly recommend that you consult with your doctor prior to partaking in any new physical activity. This appointment is not meant to take the place of medical attention.

Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Age: _____ **E-mail address:** _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Physician's Name: _____ Physician's Phone: _____

Emergency Contact: _____
Name Phone Number

Reminder:
Appointments are only booked after Client Information Package and Par-Q+ forms are submitted and reviewed. Any clients requiring physician's clearance will not be scheduled for training session until clearance is received.

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Fitness Related Questions / Exercise History

On a scale of 1 to 10, how would you rate your present fitness level? (1: Poor / 10: Very Fit) _____

Are you satisfied with your current fitness level? Yes No

How often do you currently participate in physical activity?

5-7 x / wk 3-4 x / wk 1-2 x / wk not regularly not within the last 6 months

If you currently exercise, please explain below what type of exercise you participate in.

Cardiovascular Training: _____

_____

Strength Training: _____

_____

Stretching: _____

_____

Fitness Classes: _____

_____

How long have you been exercising regularly? (2 or more times per week)

_____

Why are you seeking the help of a Personal Trainer at this time? _____

_____

Check which goals you would like to accomplish.

____ Increase Flexibility	____ Build Muscle Mass	____ Improve Exercise Technique
____ Increase Motivation	____ Improve Health	____ Improve Sport Specific Skills
____ Reduce Fat	____ Rehabilitation	____ Improve Cardiovascular Fitness
____ Tone Muscles	____ Reduce Stress	____ Pre / Post Natal Fitness

Please list a date to accomplish your goals. _____

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Health History Record

Name : _____ **Date:** _____

Your Personal Trainer wants to provide the highest quality service possible. The following information will be used to assist them in identifying possible risks, and suggesting appropriate exercises and modifications.

Medical History

These conditions affect your ability to exercise, please check those which apply to you:

____ High Blood Pressure – specify _____

____ Heart Ailment – specify _____

____ Difficulty Breathing – specify _____

____ Epilepsy

____ Diabetes – specify _____

____ Hypoglycemia

____ Low Back Pain or Neck Pain – specify _____

____ Joint Injury – specify _____

____ Hernia – specify_____

____ High Cholesterol – specify_____

____ Smoking – Quit Smoking, date of cessation: _____

____ Practice Fasting – specify _____

____ Currently or recently pregnant – specify _____

____ Currently under Doctors Care – specify _____

____ Recently hospitalized for illness, Injury or Surgery – specify _____

____ Other: _____

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Nutrition Questions

1. On a scale of 1 to 10 (1=poor, 10=excellent) how would you rate your current nutrition?

   _____

2. In your opinion, what changes in your nutritional practices would improve this rating?

   _____

   _____

3. How many times do you eat out each week? _____

4. How much water do you drink each day? _____

5. How many meals do you eat per day? _____

6. How many days per week do you eat breakfast? _____

7. How is your energy throughout the day? _____

   _____

   _____

8. Are you taking any vitamins and or nutritional supplements? _____ If so, which ones.

   _____

9. Have you followed any diets or meal plans in the past? _____ If yes, please explain:

   _____

   _____