



JUNGLEGYMFL PERSONAL TRAINING

NEW CLIENT ORIENTATION FORM

Today's Date:

Baseline Info:

Client Name:

Gender:

Age:

Location:

Occupation:

Height:

Weight:

Contact Info:

Phone:

Email:

1. Please state your goals in terms of body, fitness, size, and weight (gain or loss). Be as descriptive as you like. Feel free to include images of ideal body and size goals.

2. How long have you been considering these goals?

3. Have you ever worked with a personal trainer before, either online or in person? If so, how was that experience? Be as descriptive as necessary.



JUNGLE GYM FL PERSONAL TRAINING

4. Do you currently belong to a gym? If so, please describe your current workout routine. Be as descriptive as possible in terms of days of the week that you go, any classes you attend, your general routine while at the gym, amount of time spent in the gym, etc.

5. Please describe all foods eaten in an average day of your life. Include everything- condiments, snacks, beverages, etc. Please break it down by "Meal." Please indicate the average time of day the meal is consumed.

Example:

Meal 1, 6:00am – coffee with 2 tbsp dairy cream, one bowl Cheerios with 2% milk, 1 banana.

Meal 2, 8:30am – 2 donuts, coffee.

Meal 3, 12:00pm – 1 Subway sandwich, 12", whole wheat bread, turkey, mayonnaise, lettuce, tomato, onion, mustard.

6. Please describe your average daily routine, indicating the time you wake up, the time you go to the gym (if at all), and the time you go to sleep, so that I can get a better understanding of your habits and lifestyle.



JUNGLE GYM FL PERSONAL TRAINING

7. Please indicate your current bodyfat percentage, so that I may use this number to gauge your progress with food and exercise. Most gyms are able to do a basic bodyfat pinch test with calipers to indicate your current bodyfat level. I can also perform this analysis for you if necessary.

8. Please indicate your current circumference measurements in the following key areas, so that I may use these numbers to gauge your progress with food and exercise. Most gyms are able to take these measurements using a flexible measuring tape. I can also perform this analysis for you if necessary.

Neck:
Chest:
Upper Arm:
Waist (at belly button):
Hips:
Upper Leg:
Calf:

9. Please list any dietary restrictions, food allergies, etc., that I should be aware of prior to writing up a meal plan for you.

(please continue on to next page for the PAR-Q)



JUNGLE GYM FL PERSONAL TRAINING

Physical Activity Readiness Questionnaire (PAR-Q)

The following is a standard form all personal trainers use prior to working with clients. Please answer all questions truthfully and sign below.

1. Has a doctor ever said you have a heart condition and recommended only medically supervised activity? **YES / NO**
2. Do you have chest pain triggered by physical activity? **YES / NO**
3. Do you tend to lose consciousness or fall over as a result of dizziness triggered by physical activity? **YES / NO**
4. Has a doctor ever recommended medication for your blood pressure or a heart condition? **YES / NO**
5. Do you have any existing bone or joint problems that could be aggravated by exercise? **YES / NO**
6. Are you aware of any medical reason for not exercising? **YES / NO**
7. Are you over age 65 and not accustomed to vigorous exercise? **YES / NO**

If you answered **YES** to any of the above, please answer the following:

1. Have you consulted with a physician regarding starting a training program with me? **YES / NO**
2. If you answered **NO** to this question, will you consult your physician prior to starting a training program with me? **YES / NO**

Have you ever experienced any of the following? Please circle all that apply. If you indicate **YES** to any of the following, you must provide me with a doctor's note indicating that he/she has approved you for a personal training program.

- heart attack
- bypass surgery
- extreme chest pain
- high blood pressure
- irregular heart beats
- diabetes
- ankle swelling
- vascular disease (any)
- sacroiliac problems
- rheumatism
- unusual shortness of breath
- fainting
- asthma or emphysema
- stroke
- recent ER visit or hospitalization
- drug allergies
- severe joint pain or arthritis
- orthopedic problems
- angina
- hernia (any)



JUNGLE GYM FL PERSONAL TRAINING

Please list any other health or medical conditions, injuries, or other things I should be aware of as your personal trainer that could influence your diet and exercise plan.

Are you currently taking any prescription medications? **YES / NO**

If you answered **YES**, please provide me with a doctor's note indicating that your physician and/or pharmacist has assured you that there are no risks involved in exercising while on this medication.

I, the client, hereby state that the above answers are true and accurate.

Client Signature

Date