

TRIFITNESS

FUNCTIONAL FITNESS FOR LIFE

COMPREHENSIVE CLIENT INFORMATION SHEET

INFORMATION	<p>This is your comprehensive client information sheet. With this sheet, we will ask you to provide some relevant personal information. The answers to these questions are essential in order to allow us to design an optimized individual fitness program for you. Please answer all questions in the most accurate manner possible while being as concise as possible.</p> <p><i>Disclaimer</i> Please recognize the fact that it is your responsibility to work directly with your physician before, during, and after seeking fitness consultation. As such, any information provided is not to be followed without the prior approval of your physician. If you choose to use this information without prior consent of your physician, you are agreeing to accept full responsibility for your decision.</p>
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THE BASICS	<p>Name: _____</p> <p>Gender: _____ Date of Birth: _____ / _____ / _____</p> <p>Height: _____' _____" Weight: _____ lbs</p>
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GOALS	<p>What would you like to improve about your health or the way you look?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Goal(s)</th> <th style="width: 40%;">Timeline</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table> <p>Have you ever participated in a nutrition / diet program? YES NO</p> <p>Did you achieve your goals? YES NO</p> <p>Which of the two is of greater importance to you:</p> <p style="text-align: center;"> <input type="checkbox"/> Immediate progress that's less easily maintained <input type="checkbox"/> Maintainable progress that may not be as rapid </p>	Goal(s)	Timeline		
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EXERCISE INFORMATION

Currently, how many times per week do you exercise? _____

Please describe a typical week of exercise or physical activity (including any exercise at work):

How long has this been your routine? _____

LIFESTYLE INFORMATION

What do you do for a living? _____

What is the activity level at your job? None Moderate High

Do you work a more regular schedule? _____

What time of day do you most often find yourself working: Days Afternoons Evenings

How often do you travel? Rarely ___ times per year ___ times per month Weekly

How often do you grocery shop? _____

How many meals do you eat in restaurants & fast food places per week? _____

My current diet could be best characterized as: (Select all that apply)

Low Fat Low Carb High Protein Vegetarian / Vegan No special diet

Do you have any trouble sleeping? _____

On average, how many hours of sleep do you get per night? _____

Please list the you consume per day for each of the below items:

- _____ Cigarettes per day
- _____ Cups of Coffee per day
- _____ Cans of soda per day
- _____ Glasses of water per day

Please list any physical activities that you participate in outside of the gym and work:

MEDICAL BASICS

Primary Care Physician: _____ Phone Number: (____) ____ - _____

Date of last physical exam: _____ Were there any concerns? _____

Are you currently under the care of any other physicians? _____

If so, what for? _____

Physician Name: _____ Phone Number: (____) ____ - _____

PRESENT & HISTORICAL MEDICAL INFORMATION

If you have any diagnosed health problems, please list them:

What therapies or interventions are being undertaken for the given health problem(s)?

If you have any current injuries, please list them:

What therapies or interventions are being undertaken for the given injury(s)?

If you are on any medications, please list them:

Name	Dosage	Reason

Please list any Over-The-Counter medications or dietary supplements you are taking:

Have you ever had heart trouble or coronary disease? If so please explain.

Do you have a family history of heart problems or coronary disease? _____

HISTORICAL MEDICAL INFORMATION

Do you have a history of high blood pressure (above 140/90)? _____

Do you have diabetes? _____

Do you think you're overweight? _____

Has your doctor ever said you have high cholesterol? _____

Please list any previous illnesses, hospitalizations, or surgical procedures:

Event	How long ago?

PHYSICAL ACTIVITY READINESS

Do you feel pain in your chest when you do physical activity? YES NO

In the past month, have you had chest pain when you were not doing physical activity? YES NO

Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO

Do you have a bone or joint problem that could be made worse by a change in physical activity? YES NO

Please list any other reasons why you should not do physical activity:

MISCELLANEOUS

Is there anything else I may need to know or you would like me to know?

By signing below, I certify that the information provided within is complete and accurate to the best of my knowledge.

Name: _____

Signature: _____

Date: _____

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PERSONAL TRAINING CONTRACT

INFORMATION

Client Name: _____

Phone: (____) _____ - _____

E-mail: _____

Address: _____

Preferred Start Date: _____

Preferred Training Days & Times:

By signing below, I indicate that I understand, and agree to the following terms and conditions:

FEES

The amount due each month is: \$ _____

CANCELLATIONS

All cancellations require notice at least 12 hours prior to the scheduled session. If your trainer has not been notified before the designated time, you will be billed for the session.

Jake Trione

Date

Client Signature

Date

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COMMITTING TO A HEALTHY AND POSITIVE LIFESTYLE!!

Taking control of your health requires many different pieces to complete the puzzle. These will include, but are not limited to being physically active, getting rest, managing stress and eating right. To build and maintain a healthy lifestyle it takes remaining positive about the journey and working toward consistent progress. By committing to change and taking control of your health you need to build your confidence and make the commitment to do it. This instruction will act as your guide to developing a personal accountability contract!

STEP 1: Getting started with your contract

The first step in making a health behavior contract is to have a well thought out and realistic plan on what you are going to do to take control of your health. A healthy behavior contract should include a statement on how you are going to do it, who will help you to achieve your goal, and what you will do if you meet challenges in achieving your goal.

STEP 2: Making certain the contract works for you

Once you have written the contract, read it carefully and see if it fits your personal style. Ask yourself, "How certain am I that I can meet the goals of this contract?" Rate yourself on a scale from 0 to 10, with 0 being totally uncertain and 10 being totally certain. If you have a score below an 8, you should select a more realistic goal.

STEP 3: Getting help from others

Choose an accountability coach. This coach will be there to support and hold you accountable when you are facing difficult challenges. Tell them what they can do to help you stick to your plan. Don't forget to also share the things that may be unhelpful to you.

Share your plans with family and friends. Share your positive moments with those you love and care about. This will help connect positive emotions and memories to your healthy habits and choices.

STEP 4: Review your contract on a regular basis

It is important to make sure your plan is realistic and works for you. If you find that you are able to meet your goals, choose healthy ways to reward yourself. If you find it challenging to complete your goals, then reevaluate your contract. Don't blame yourself or feel guilty. You may need to make some adjustments to it. Remember, like other contracts, a health behavior contract may need to be reevaluated and renegotiated.

STEP 5: Staying Positive to Keeping your Contract

There is immense power in positive thinking. You may think that staying positive is difficult when you are living with a health condition or facing stressful situations each day, but staying positive is the key to overcoming these challenges. Just like your body, positive thinking must be exercised regularly. By practicing positive approaches to healthy living you will strengthen your ability to make these choices more consistently. Connect and cultivate deep rooted positive thoughts with habits that improve your health and share these moments with those around you.

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Personal Commitment Contract

1. What am I going to do? _____
2. When am I going to do it? _____
3. How often am I going to do it? _____
4. How much am I going to do (if the activity has a specific duration or amount).

5. How confident am I that I will do this? (0 to 10: 0 - not at all confident, 10 - completely confident) _____

I MAKE THE FOLLOWING COMMITMENT TO MYSELF:

EXAMPLE: "I will walk (WHAT) three extra blocks (HOW MUCH) in the morning (WHEN), five times a week (HOW OFTEN) and I am at 0-10 on confidence that I will complete this task!"

Positive Mindset

1. I am going to remain positive about and dedicated to _____ today.
2. When faced with a difficult situation or decision I will do / remember _____.

BY PLACING MY INITIALS BELOW, I:

- _____ I am capable of fulfilling my commitment to living a healthier & happier life.
- _____ I commit to maintaining a positive mindset each day.
- _____ I commit to taking the time to enjoy my daily life.
- _____ I will trust my accountability coach to help me reach my goals.

I _____ am committed to upholding my end of this contract. I will work daily to build the healthiest and happiest mind, body and soul I possibly can while seeking help from others as needed!

SIGNATURE

ACCOUNTABILITY COACH

DATE