

# **First Class Fitness**

**-Client Forms-**

# MEDICAL RELEASE FORM



Date \_\_\_\_\_

Dear Doctor:

Your patient, \_\_\_\_\_, wishes to start a personalized training program. The activity will involve the following:

If your patient is taking medications that will affect his or her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect (raises or lowers exercise capacity or heart-rate response):

Type of medication(s) \_\_\_\_\_

Effect(s) \_\_\_\_\_

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

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

Thank you.  
Sincerely,

Personal Trainer

\_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

# PAR-Q AND YOU



## (A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of any other reason why you should not do physical activity?</b>

If  
you  
answered

### YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

### NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

#### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT  
or GUARDIAN (for participants under the age of majority) \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



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# HEALTH-HISTORY QUESTIONNAIRE



Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex:  M  F

Physician's Name \_\_\_\_\_ Physician's Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Person to contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

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Does your physician know you are participating in this exercise program?

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Describe any physical activity you do somewhat regularly.

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Do you now have, or have you had in the past:

	Yes	No
1. History of heart problems, chest pain, or stroke	<input type="checkbox"/>	<input type="checkbox"/>
2. Elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Any chronic illness or condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty with physical exercise	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
7. Pregnancy (now or within last 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
8. History of breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
9. Muscle, joint, or back disorder, or any previous injury still affecting you	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes or metabolic syndrome	<input type="checkbox"/>	<input type="checkbox"/>
11. Thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>
12. Cigarette smoking habit	<input type="checkbox"/>	<input type="checkbox"/>
13. Obesity [body mass index (BMI) $\geq 30$ kg/m <sup>2</sup> ]	<input type="checkbox"/>	<input type="checkbox"/>
14. Elevated blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>
Hernia, or any condition that may be aggravated by lifting weights or other physical activity	<input type="checkbox"/>	<input type="checkbox"/>

# EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE



Name \_\_\_\_\_ Date \_\_\_\_\_

*General Instructions:* Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:  
15-20 \_\_\_\_\_ 21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51+ \_\_\_\_\_

2. Were you a high school and/or college athlete?  
 Yes  No If yes, please specify \_\_\_\_\_

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?  
 Yes  No If yes, please explain \_\_\_\_\_

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?  
 Yes  No If yes, please explain \_\_\_\_\_

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies.

Characterize your present athletic ability.	1	2	3	4	5
When you exercise, how important is competition?	1	2	3	4	5
Characterize your present cardiovascular capacity.	1	2	3	4	5
Characterize your present muscular capacity.	1	2	3	4	5
Characterize your present flexibility capacity.	1	2	3	4	5

6. Do you start exercise programs but then find yourself unable to stick with them?  Yes  No

7. How much time are you willing to devote to an exercise program? \_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?  
 Yes  No If yes, specify the type of exercise(s) \_\_\_\_\_

\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

Rate your perception of the exertion of your exercise program (check the box):

Light  Fairly light  Somewhat hard  Hard

9. How long have you been exercising regularly? \_\_\_\_\_ months \_\_\_\_\_ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? \_\_\_\_\_

In the past 5 years? \_\_\_\_\_

11. Can you exercise during your work day?  Yes  No

12. Would an exercise program interfere with your job?  Yes  No

13. Would an exercise program benefit your job?  Yes  No

14. What types of exercise interest you?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Walking           | <input type="checkbox"/> Jogging              | <input type="checkbox"/> Strength training |
| <input type="checkbox"/> Cycling           | <input type="checkbox"/> Traditional aerobics | <input type="checkbox"/> Racquet sports    |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Elliptical striding  | <input type="checkbox"/> Yoga/Pilates      |
| <input type="checkbox"/> Stair climbing    | <input type="checkbox"/> Swimming             | <input type="checkbox"/> Other activities  |

15. Rank your goals in undertaking exercise: What do you want exercise to do for you?  
Use the following scale to rate each goal separately.

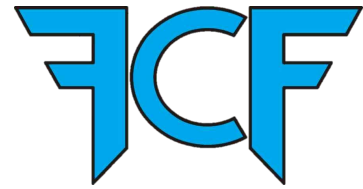
	Not at all important			Somewhat important				Extremely important		
	1	2	3	4	5	6	7	8	9	10
a. Improve cardiovascular fitness	1	2	3	4	5	6	7	8	9	10
b. Lose weight/body fat	1	2	3	4	5	6	7	8	9	10
c. Reshape or tone my body	1	2	3	4	5	6	7	8	9	10
d. Improve performance for a specific sport	1	2	3	4	5	6	7	8	9	10
e. Improve moods and ability to cope with stress	1	2	3	4	5	6	7	8	9	10
f. Improve flexibility	1	2	3	4	5	6	7	8	9	10
g. Increase strength	1	2	3	4	5	6	7	8	9	10
h. Increase energy level	1	2	3	4	5	6	7	8	9	10
i. Feel better	1	2	3	4	5	6	7	8	9	10
j. Increase enjoyment	1	2	3	4	5	6	7	8	9	10
k. Social interaction	1	2	3	4	5	6	7	8	9	10
i. Other	1	2	3	4	5	6	7	8	9	10

16. By how much would you like to change your current weight?

(+) \_\_\_\_\_ lb

(-) \_\_\_\_\_ lb

# BEHAVIORAL CONTRACT



Behavioral contracting is an effective behavior-modification strategy. In behavioral contracting for lifestyle change, the personal trainer and the client set up a system of rewards for adopting a new behavior. Behavioral contracting is most effective when the rewards are outlined by, and meaningful to, the client. If the rewards are not meaningful, the client may not find them to be worth working toward. Behavioral contracting works differently for each individual and personal trainers have to be careful not to push certain rewards on clients. Additionally, behavioral contracting is most effective when it is used consistently. Once certain goals are met, contracts need to be reconstructed throughout the duration of program participation.

Below are the elements of a typical behavioral contract.

**I Will:** (Do what) \_\_\_\_\_

(When) \_\_\_\_\_

(How often) \_\_\_\_\_

(How much) \_\_\_\_\_

How confident am I that I will do this? \_\_\_\_\_ (on a scale of 1 to 10, with 1 being not at all confident and 10 being completely confident)

If I successfully make this positive lifestyle change by \_\_\_\_\_, I will reward myself with \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

If I fail to successfully make this positive lifestyle change, I will forfeit this reward.

I, \_\_\_\_\_, have reviewed this contract and I agree to discuss the experience involved in accomplishing or not accomplishing this health-behavior improvement with \_\_\_\_\_ on \_\_\_\_\_.

Signed (Client): \_\_\_\_\_

Signed (Personal trainer): \_\_\_\_\_