



PERSONAL TRAINING – NEW CLIENT INTAKE FORM CONFIDENTIAL

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PLEASE CHECK BOXES, CIRCLE OR FILL IN WHERE APPLICABLE

To assist in providing you with the best possible care, please fill out this form as accurately as you can. All the information will be kept confidential in your file.

CONTACT

FULL NAME		DATE OF BIRTH
HEIGHT	WEIGHT	AGE
JOB TITLE		NATURE OF BUSINESS
ADDRESS		PHONE (HOME)
		PHONE (CELL)
CITY		EMAIL
PROVINCE	POSTAL CODE	PREFERRED CONTACT METHOD
		Text Message Email
EMERGENCY CONTACT NAME		RELATIONSHIP
EMERGENCY CONTACT PHONE (CELL)		
PRIMARY CARE PHYSICIAN		PHONE
OCCUPATION		

PERSONAL INFO

What motivated you to try personal training?

What is your primary goal?

What are your favourite activities?

On a scale of 1 to 10, how would you rate your current fitness level (1 = worst, 10 = best)?

1 2 3 4 5 6 7 8 9 10

CANCELLATION POLICY

Notice must be given **24 hours in advance**, otherwise the **full session fee is charged.**

How often do you take part in physical exercise? times per week duration

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

Lack of interest Illness/injury Lack of time Other:

What activities are you presently involved in?

Cardio/Movement Strength Training/Pilates Stretching/Yoga
Sports/Outdoor Activities Other:

Which area would you like the most assistance with?

Realistically, how often would you like to exercise? times per week

Realistically, how much time would you like to spend during each exercise session?

Based on your level of commitment, how often would you like to see a personal trainer to assist you in achieving your goals?

3x per week

2x per week

1x per week

2x per month

1x per month

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

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

What are the best times for you to exercise?

Mornings Afternoons

If you could design your ideal weekly exercise plan/schedule what would it look like (type of activity/ duration per session / intensity or level of skill)?

What would you like to learn or experience during your personal training session?

How can I best assist you with these goals?

Corrective Strategies for Injury Prevention

Recreational Sports Development

Stability & Strength Training

Advanced Program for Athletic Event

Cardiovascular Conditioning

Motivation, Fun & Stress Reduction

Please list in order of priority, the **goals** (new habits/behaviours) you would like to implement and achieve in the next **3-12 months**?

1.

2.

3.

How important is it for you to achieve these goals?

Not important

Semi-important

Very important

How long have you been thinking about these goals?

How do you think you will feel once you have implemented these new habits?

Where does your spouse / significant other / family rate their health?

Unhealthy

Average

Good

What is the most important thing your trainer can do to help you achieve these goals?

List what you feel are the obstacles or potential actions, behaviours, or activities that could impede your progress toward accomplishing your goals?

List 1 prompt (new daily habit that you could attach to an existing behaviour) to accomplish your goal?

Examples: Do 1 counter push-up while brewing coffee, eat 1 handful blueberries for snack, take 1 sip water before bed . . .

GOAL SETTING

On a scale of 1 to 5, how would you rate your nutrition? (1 = poor, 5 = excellent)

How many times throughout the day do you eat?

1 2 3 4 5

Do you skip meals? Yes No Do you eat breakfast? Yes No

Do you eat late at night? Yes No

How many glasses of water do you consume daily?

Do you have decreased energy or changes in mood throughout the day? Yes No

What kinds of food do you regularly eat?

Have you ever tracked your food intake (i.e. food diary)? Yes No

Do you eat mostly processed food (fast food or commercially prepared), or freshly prepared foods (whole veggies, fruit, seeds, beans & animal protein)?

Processed Fresh

List 1 (one) aspect of your nutrition that you would like to improve as you begin training:

Please list anything else you may feel is a concern, or information that has not been disclosed that may be pertinent to being physically active or working with a personal trainer:

NUTRITION

OTHER

CLIENT AGREEMENT

This contract is between Dynamic By Nature Ltd. (referred to as “DBN”) and

(referred to as “Client”), for services beginning on

and ending on

Fitness-based sessions are one hour in duration, and will be performed _____ times per week and will cost \$ _____ per session plus taxes (GST). The Client will be invoiced bimonthly or monthly depending on the training frequency and will pay by cash, cheque or e-transfer to info@dynamicbynature.com, or by credit card (Visa or Mastercard) within one week of invoice.

The Client’s trainer will be _____.

If cancellation is not received 24 hours in advance, the Client agrees to pay in full for the scheduled session. This contract may be terminated with seven (7) days written notice to the other party.

I, the Client _____, am committed to making a positive change in my health through my participation in the monthly DBN program. I understand that certain elements of this program can be physically demanding, and that I may need to change various aspects of my lifestyle in order to realize the goals I have established in this program. I realize that DBN is responsible for providing the coaching I request. I am responsible for my own participation in this program, for my own physical and emotional well-being, and for the attainment of the goals I have established in this program.

TOTAL RELEASE AND WAIVER OF LIABILITY

As a condition of my enrollment, I accept full and complete responsibility for my own ability to healthfully participate in this program. I understand that participation and use of instruction, programs, activities, services, facilities, and equipment provided by DBN is potentially hazardous.

I hereby release DBN, its directors, officers, agents, employees, trainers, management, representatives, their assigns, their heirs, executors, and administrators, and all others from any responsibility or liability for any injury, damage or any loss whatsoever, including those caused by their negligence.

I have read and understood the above, and understand that it sets out the terms of engagement, and that it is also a total release, and waiver of liability.

Print/Type Client Name in Full

Print/Type Name of Representative,
if represented by another

Client Signature

Signature of Representative, if represented by another

Date