

Personal Training Packet



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please complete this packet before coming to your first personal training session, in order to ensure that your appointment time is most beneficial. No assessment or activity may take place without this packet completed and turned in to the trainer. Please return to our Front Desk.

Personal Training is for YMCA Members only.

Cadillac Area YMCA
9845 Campus Drive, Cadillac, MI 49601
(231) 775-3369

The following pages will have Questionnaires for you to fill out. These are to provide us with some information about you to better serve you. All information is confidential.

Health History Questionnaire

All information you provide is personal and confidential. The information will enable us to better understand you and your health and fitness habits as well as inform you of any potential risks.

Name _____ Date _____

Address _____

City, State Zip _____

Phone (H) _____ (C) _____

Email _____

Date of Birth ____ / ____ / ____ Age _____ Male/Female

Emergency Contact _____ Phone _____ Relation _____

Physician's Name _____ Phone _____

GENERAL

Height _____ ft. Weight _____ lbs.

What was your most recent blood pressure reading? ____ / ____ mm Hg Date _____

MEDICAL DIAGNOSES

Have you ever had any of the following?

Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Heart trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lung Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Osteoporosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emboli – (Blood clot)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you recently had any of the following?

Shortness of Breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cough on Exertion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dizzy Spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Currently Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orthopedic Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If Yes, please explain: _____

Please list all known allergies: _____

Any special conditions not listed above: _____

MAJOR RISK FACTORS

1. Are you a man over the age of 45 or a woman over the age of 55, having had a hysterectomy, or are postmenopausal? Yes No
2. Has your father or brother experienced a heart attack before age 55? Yes No
Or has your mother or sister experienced a heart attack before the age of 65? Yes No
Who? _____
3. Has your doctor ever told you that you might have high blood pressure? Yes No
4. Do you have cholesterol above 200 ml/dl? Yes No
Total cholesterol _____ HDL _____ Date tested _____ Unknown _____
5. Do you have impaired fasting glucose (diabetes)? Yes No
If yes – Do you take insulin? Yes No What year were you diagnosed? _____
6. Are you physically inactive (i.e., you get less than 30 minutes of physical activity on at least 3 days per week)? Yes No
7. Do you currently smoke or have you quit smoking in the last 6 months? Yes No
I smoke (#) _____ cigarettes per day/week (circle one) for _____ years.
I smoked (#) _____ cigarettes per day/week (circle one) _____ years ago.
8. Are you > 20 pounds overweight? Yes No

**If you are a man over the age of 45 or a woman over the age of 55
OR if you answered "YES" to two (2) or more of the above Major Risk Factors,
It is RECOMMENDED that you receive physician's clearance before beginning your exercise program.**

MAJOR SIGNS/SYMPTOMS

SUGGESTIVE OF CARDIOVASCULAR AND PULMONARY DISEASE

1. Pain discomfort (or angina equivalent) in the chest, neck, jaw, arms, or other areas that may be due to ischemia (decreased blood flow) Yes No
2. Shortness of breath at rest or with mild exertion Yes No
3. Dizziness or syncope at rest or with mild exertion Yes No
4. Labored breathing at rest or with mild exertion Yes No
5. Edema (excessive accumulation of tissue fluid) Yes No
6. Palpitations or tachycardia (sudden rapid heartbeat) Yes No
7. Intermittent Claudication (muscle pain, ache, cramp, numbness or sense of fatigue) due to decreased blood flow Yes No
8. Known heart murmur (abnormal heart sound) Yes No
9. Unusual fatigue or shortness of breath with normal activities Yes No

If you answered 'Yes' to any of the Major Signs and Symptoms listed above OR have known cardiovascular, pulmonary, or metabolic disease it is STRONGLY RECOMMENDED that you seek physician's clearance before beginning an exercise program.

Exercise History and Attitude Questionnaire

Please fill out this form as completely as possible. If you have any questions, please ask your trainer for assistance.

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

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

2. Do you have any negative feelings toward, or have you have any bad experiences with, fitness testing and evaluation? Yes No

a. If yes, please explain: _____

3. Do you start an exercise program, but then find yourself unable to stick with them? Yes No

4. How much are you willing to spend to devote to an exercise program?

_____ minutes/day _____ days/week

5. What types of exercises are you interested in?

- Walking Swimming Group Exercise
- Cycling Strength Training Sports: _____
- Running Stretching Other: _____

6. Are you currently involved in regular endurance (cardiovascular) exercise? Yes No

If yes, what type of exercise(s) _____ for:

_____ minutes/day _____ days/week

6a. Rate your perception of the exertion of your exercise program (circle the number):

(1) Light (2) Fairly Light (3) Somewhat Hard (4) Hard

6b. How long have you be exercising regularly? _____ months _____ years

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

a) In the past 6 months? _____

b) In the past 5 years? _____

8. Describe what qualities you look for in a trainer: _____

Goal Setting

Goal setting is a major aspect to training. It is important that you set the right goals for yourself. Together you and your trainer will set the goals that are appropriated for you in order to assure that you get the most out of each session. When choosing goals, they should be **S.M.A.R.T.**

Specific – If your goal is weight loss; try to make it more specific. Try stating the amount of weight, the time frame, and the method of measurement (scale or body fat %).

Measurable – To truly evaluate improvements, the goal should be measurable. The way you look is not a tangible, reliable measurement.

Attainable – Goals should be challenging but possible. Keep in mind how long you are allowing for reaching your goal and make sure that it is safe and realistic.

Relevant – Goals should be pertinent to your interest, needs, and abilities.

Time Bound – Set a timeline reaching your goal. Again, be realistic.

Please rate your exercise goals using the following scale:

<i>Extremely Important</i>			<i>Somewhat Important</i>				<i>Not at all Important</i>		
1	2	3	4	5	6	7	8	9	10
a. Improve cardiovascular fitness					_____				
b. Body-fat weight loss					_____				
c. Reshape or tone my body					_____				
d. Improve performance for a specific sport					_____				
e. Improve moods and ability to cope with stress					_____				
f. Improve flexibility					_____				
g. Increase Strength					_____				
h. Increase energy level					_____				
i. Enjoyment					_____				
j. Other (please explain: _____)					_____				

Is there any specific goal(s) you'd like to work towards?

Any additional information you would like to share?

Personal Training Services Informed Consent

I desire to participate voluntarily in a progressive exercise program and/or various fitness tests in an attempt to assess and improve my physical fitness. I understand that I will be charged if I do not give 24 hour notice in advance to my trainer that I will not be able to attend.

I understand that these physical activities and/or various fitness tests are designed to put a gradually increasing workload on my circulatory system and/or musculoskeletal system in an attempt to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise session does exist. These changes could include abnormalities of blood pressure or heart rate, ineffective heart function, fainting, muscle strains, and possibly, in rare cases, a heart attack or cardiac arrest.

The benefits obtained from the various fitness tests might include an increased knowledge of chronic disease risk as well as baseline measures for the trainer to use in assessing improvements in your fitness level.

The benefits obtained from the exercise program might include a more efficient cardiovascular system, a decrease in the risk of heart disease and other chronic diseases, an improved muscular and skeletal system, and higher quality of life.

I understand this Health History Questionnaire has been provided to me for the purpose of helping me better understand any potential risks associated with a workout program. I also understand I should share this information with my physician prior to beginning an exercise program. I understand that this information will be kept confidential. My signature verifies that all the above information is true, to the best of my knowledge. If any of the above information changes, I agree to notify my trainer about these changes.

This statement must be signed by a parent or guardian if under 18 or by the adult themselves if they are the participant. I certify that my children have permission or that I consent to participate in the Y Personal Training program. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area Y employees and the Y volunteers, against any and all claims arising out of my children's (or my) participation in the Y Personal Training program. I also certify that the program participant (my children or myself) has been screened medically and that there are no medical conditions or injuries that preclude his/her/my participation in the Y Personal Training program. I give my permission for photos and/or video to be taken and used for the Y public relations purposes.

Signature: _____

Date: _____