



yoga me fit

INTEGRATING RADIANT HEALTH

ASSESSING YOUR NEEDS

All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping your trainer develop a program that addresses your needs, goals, and interests and is safe and effective.

Name: _____ Date of Birth ____ / ____ / ____ Age: _____

Street Address _____

City _____ State _____ ZIP _____

Phone: (h) _____ (w) _____ (cell) _____

Email address: _____

Occupation: _____

Physician's Name: _____ Physician's Phone #: _____

Physician's Address: _____
Street City State ZIP

Yoga Me Fit, LLC may send information regarding your physical exercise program to your physician unless you request otherwise.

Why did you decide to invest in Personal Training? Please check which applies.

- | | |
|---|---|
| <input type="checkbox"/> Lose Body Fat | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Develop Muscle Tone | <input type="checkbox"/> Sports Specific Training |
| <input type="checkbox"/> Rehabilitate an Injury | <input type="checkbox"/> Increase Muscle Size |
| <input type="checkbox"/> Nutrition Education | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Start an Exercise Program | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Design a more advanced program | <input type="checkbox"/> Other _____ |

How did you hear about our Personal Training services? Please circle which applies.

- Brochure Referral Media Yellow Pages Other _____

Why did you choose to train with Lynn Geddes? Please check all that apply.

- Location Cost Customer Service Referral Other _____

What would cause you to discontinue training with Lynn?

PAR-Q FORM Please check YES or NO to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Do you frequently have pains in your chest when you perform physical activity?

Have you had chest pain when you were not doing physical activity?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?

Are you pregnant now or have given birth within the last 6 months?

Have you had a recent surgery?

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis?

No Yes What is the medication(s) for? _____

How does this medication(s) affect your ability to exercise or achieve your fitness goals?

Lifestyle Related Questions

Do you smoke? No Yes

If yes, how many? _____

Do you drink alcohol? No Yes

If yes, how many glasses per week? _____

How many hours do you regularly sleep at night? _____

Describe your job: Sedentary Active Physically Demanding

Does your job require travel? No Yes

On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

List your 3 biggest sources of stress:

1. _____

2. _____

3. _____

Is anyone in your family overweight? Mother Father Sibling Grandparent

Were you overweight as a child? No Yes

If yes, at what age(s)? _____

Fitness History

When were you in the best shape of your life? _____

Have you been exercising consistently for the past 3 months? Yes No

When did you first start thinking about getting in shape? _____

What—if anything—stopped you in the past? _____

On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

Exercise Related Questions *Skip to next section if you are presently inactive.*

How often do you take part in physical exercise? 5-7x/week 3-4x/week 1-2x/week

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

Lack of Interest Illness/Injury Lack of Time Other _____

How long have you been consistently physically active for? _____

What activities are you presently involved in?

Cardio &/or Sports	Frequency/Week	Average Length	Easy/Mod/Hard
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
_____	_____	_____	_____
_____	_____	_____	_____

List exercises: _____

Stretching	Frequency/Week	Average Length	Easy/Mod/Hard
_____	_____	_____	_____

On a scale of 1-10, how do you rate your nutrition (1=very poor, 10=excellent)? _____

How many times per day do you usually eat (including snacks)? _____

Do you skip meals? Yes No

Do you eat breakfast? Yes No

Do you eat late at night? Sometimes Often Never

What activities do you engage in while eating (TV, reading, computer, etc.)? _____

How many glasses of water do you consume in a day? 1-2 3-4 4-5 5-6 6-7 8+

Do you feel drops in your energy levels throughout the day? No Yes
If yes, when? _____

Do you know how many calories you eat per day? No Yes
If yes, how many? _____

Are you currently or have you ever taken a multivitamin or any other food supplements? No Yes

If yes, please list the supplements:

At work or at school, do you usually: Eat out Bring food

How many times per week do you eat out? _____

Do you do your own grocery shopping? No Yes

Do you do your own cooking? No Yes

Besides hunger, what other reason(s) do you eat? *Check all that apply.*

Boredom Social Stress Tired Depressed Happy Nervous

Do you eat past the point of fullness? Often Sometime Never

Do you eat food high in fat and sugar? Often Sometime Never

List 3 areas of your nutrition you would like to improve:

1. _____
2. _____
3. _____

Goal Setting:

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are **SMART**.

S = **Specific** (Provide details, how long, how much etc.)

M = **Measurable** (How will you measure whether you've reached your goals)

A = **Attainable** (Be realistic, set smaller goals)

R = **Rewards-Based** (Attach a reward to each goal)

T = **Time Frame** (Set specific dates for goals)

Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

- a) _____
- b) _____
- c) _____

How will you feel once you've achieved these goals? Be specific.

Where do you rate health in your life? Low priority Medium Priority High priority

How committed are you to achieving your fitness goals? Very Semi Not very

What do you think the most important thing your trainer can do to help you achieve your fitness goals?

Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).

Outline 3 methods that you plan to use to overcome these obstacles:

- a) _____
- b) _____
- c) _____

Developing your Fitness Program: *Please check how you prefer to exercise:*

- | | | |
|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> INSIDE | <input type="checkbox"/> LARGE GROUPS | <input type="checkbox"/> MORNING |
| <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> SMALL GROUPS | <input type="checkbox"/> AFTERNOON |
| <input type="checkbox"/> COMBINATION | <input type="checkbox"/> ALONE | <input type="checkbox"/> EVENING |
| | <input type="checkbox"/> COMBINATION | <input type="checkbox"/> WEEKEND |

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

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

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

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If you could design your own exercise program, what would an ideal training week look like to you?
Please be specific. List your favorite activities, rest days, time spent, etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

THE GIFT OF FITNESS

Yoga Me Fit, LLC relies on happy clients telling others about our services. We may both be able to make a huge difference in somebody's life. Please take the time to consider the names of friends or family members who you would like to offer a complimentary consultation. Once you discuss this with them, please have them call Lynn Geddes or tell Lynn about them and she will give them a call to set up a consult.

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in the exercise and training program offered by Yoga Me Fit, LLC. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. I agree that Yoga Me Fit, LLC & Reflections Enterprises, P.C. DBA Savannah Plastic Surgery shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at Yoga Me Fit, LLC, and Reflections Enterprises, P.C. DBA Savannah Plastic Surgery, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Yoga Me Fit, LLC and Reflections Enterprises, P.C. DBA Savannah Plastic Surgery of its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns, may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____ (initial)

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Fitness Trainer of any conditions or changes in my health, now and on-going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Fitness Trainer.

I have read and understand this term: _____ (initial)

4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____ (initial)

5) I understand that all personal training rates are based on 55-minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Fitness Trainer is late for a session, I will still receive the full session time.

I have read and understand this term: _____ (initial)

6) I understand that Yoga Me Fit, LLC bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Checks are to be made payable to Yoga Me Fit, LLC. I understand that all Personal Training sessions have expiration dates and are non-transferable (without the permission of your trainer) and non-refundable.

I have read and understand this term: _____ (initial)

7) I understand that Yoga Me Fit, LLC operates on a scheduled appointment basis and thus, requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I will notify Lynn Geddes of the cancellation on her cell phone (912-308-3410) and not by email. I understand that Yoga Me Fit, LLC recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term: _____ (initial)

8) I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

I have read and understand this term: _____ (initial)

9) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Fitness Trainer.

I have read and understand this term: _____ (initial)

10) I understand that should my Personal Fitness Trainer become ill or is away on holidays, vacation, trainings, etc. another trainer may be recommended to me so that my fitness progress does not suffer.

I have read and understand this term: _____ (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

PERSONAL FITNESS TRAINER

DATE

DATE