Dear Participant:

Thank you for your interest in the Portland State University Campus Rec Personal Training Program. You are about to begin a one-on-one customized exercise regimen that will be designed to meet your needs, goals, desires, and interests.

This packet includes information on trainer/client conduct, your health history, and your exercise history and goals. It should be completed entirely and brought with you to your initial consultation. The information in this packet will help your personal trainer to develop a program specifically tailored for you; therefore, it is important to answer all questions honestly. All information will be kept confidential and will be discussed further with your trainer at your first meeting. Completion of new client paperwork includes:

- Reading and signing the Personal Trainer and Client Code of Conduct
- Completion of PAR-Q (1 page) and Health History Form (3 pages)
- Medical Release Form (if necessary)
  - The Medical Release Form is required if you answer “yes” to any question on the PAR-Q and may be required if your trainer determines you are at a higher risk based on information provided on your Health History Form.
  - Attainment of medical release will be organized by your trainer and discussed at your initial meeting.
- Completion of Exercise History and Goals Worksheet (2 pages)

If you have any questions or concerns, please contact Erin Bransford at (503) 725-2959.

Thank you,

Erin Bransford
Coordinator of Fitness & Health Promotion
Campus Rec
Portland State University
Personal Trainer and Client Code of Conduct

The Personal Trainer will adhere to the following:

1. Personal Trainers shall be committed to providing information that is consistent with both the requirements and the limitations of their profession.

2. Personal Trainers shall preserve the confidentiality of privileged information and shall not release such information to a third party unless the client consents to such release or release is permitted or required by law.

3. Personal Trainers and clients shall comply with applicable local, state, and federal laws and with the PSU Campus Rec guidelines.

4. Personal Trainers shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.

5. Personal Trainers shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

6. Personal Trainers shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession or on PSU Campus Rec.

7. Personal Trainers shall never discriminate against any client based in race, creed, national origin, gender, religion, age, handicap/disability, or other such legal classifications.

8. Personal Trainers shall contact new clients within 48 hours of client payment to schedule the first meeting.

9. If a Personal Trainer is late to a scheduled session, the missed time is owed at no charge to the client. If a trainer consistently arrives late, please contact the PT office at (503) 725-2928.

10. Personal Trainers shall contact their client within 24 hours to cancel an appointment. Failure to notify the client within this time period will result in the trainer training the client for free. If a trainer consistently cancels, please contact the PT office at (503) 725-2928.
Personal Trainer and Client Code of Conduct (cont.)

The client will adhere to the following:

1. For personal training services, there is an additional fee for students and Rec Center members. This fee must be prepaid at the front desk of the Rec Center before your first meeting with a trainer.

2. All clients must present valid ID to gain entrance to the building. Failure to do so will result in missing your scheduled session. No exceptions!
   
   Client & Trainer Initial Here: __________

3. If the client is late to a session, the session will last until the end of the hour that was originally agreed upon. For example, if a session was scheduled for 2-3pm, and the client arrives at 2:10pm, the session will still end at 3pm. If a client is more than 10 minutes late to a session, the trainer is not obligated to stay past that time to wait for the client.

   Client & Trainer Initial Here: __________

4. If the client must cancel a session, 24 hours notice is required. If proper notice is not given the trainer will be required to charge for that session.

   Client & Trainer Initial Here: __________

5. If the client does NOT use his/her sessions within six months of the purchase date the sessions will expire and become invalid.

   Client & Trainer Initial Here: __________

By signing below I acknowledge that I have read and understand the information in the Personal Trainer and Client Code of Conduct.

Client Signature: ________________________

Trainer Signature: ________________________
PERSONAL TRAINING
CLIENT PACKET

Health History

Name: ____________________________________________________________
Address: _________________________________________________________
Local Phone: _____________________________________________________
Email: ___________________________________________________________
Birthdate: ______________ Age: __________ Gender: __________

Primary Health Care Provider:
Doctor: __________________________________ Phone: ______________
Address: _______________________________________________________

1. Please check all conditions you currently have or have had in the past:
   Heart attack
   Asthma
   Stroke
   Chest discomfort
   Heart murmur
   Trouble sleeping
   Migraine or headache
   Neck problems
   Back problems
   Broken bones
   Shortness of breath
   Swelling of joints
   Anemia
   Thyroid condition
   Recent surgery (last 12 months)
   Epilepsy
   Anxiety or depression
   Fatigue
   Hernia
   Stomach problems
   Limited range of motion
   Arthritis
   History of heart problems in immediate family

Please explain any conditions that you checked (i.e. treatment, symptoms, restrictions):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. Do you currently smoke or did you quit smoking within the last 6 months? Yes or No
   If yes, how often do you smoke or how long ago did you quit?
_________________________________________________________________

3. Have you been diagnosed with high or low blood pressure by your doctor? Yes or No
   If yes, what were the last 3 readings? _____/______; _____/______; _____/______
**PERSONAL TRAINING**

**CLIENT PACKET**

**Health History (cont.)**

4. Have you been told you have high cholesterol levels by your doctor? Yes or No
   If yes, please list cholesterol levels and any interventions currently being used to manage your cholesterol:

   __________________________________________________________
   __________________________________________________________

5. Are you pregnant or post-partum? Yes or No
   If yes, how many months are you? ________________________

6. Do you have diabetes (Type 1 or 2)? Yes or No
   If yes, please explain: ______________________________________
   __________________________________________________________

7. Do you have any injuries or orthopedic problems (bursitis, bad back, bad knees, etc.)? Yes or No
   If yes, please explain: ______________________________________
   __________________________________________________________

8. Are you taking any medications (prescribed or not)? Yes or No
   Please list and explain: _________________________________
   __________________________________________________________
   __________________________________________________________

9. When were you last seen by a physician? ____________________________

10. Have you ever been advised NOT to exercise by a physician? Yes or No
    If yes, please explain: _________________________________
    __________________________________________________________
    __________________________________________________________

11. Are there any other medical conditions or problems (past or present) not previously mentioned in this form that we should know about, or that may affect your ability to begin an exercise program? If yes, please explain:
    __________________________________________________________
    __________________________________________________________
Consent Form

I acknowledge that I am in good health, have answered the previous questions truthfully, and have no known medical problems that would restrict my ability to participate in this exercise program.

Participant Name (printed):__________________________

Participant Signature: ___________________________ Date:____________


Medical Release Form

• If you answered “yes” to any of the questions on the PAR-Q form, it is required that you have a medical release completed by your physician before a trainer begins any fitness regimen with you.
• Your trainer may also require that a Medical Release Form be completed before beginning any fitness regimen with you if your health history indicates any higher risk conditions. If necessary, this will be discussed in greater detail during your initial consultation.

Dear Doctor:

Your patient, ______________________________, wishes to start a personalized fitness program with a Personal Trainer from Campus Rec at Portland State University.

The activity will involve but is not limited to: regular cardiorespiratory activity and regular resistance training which will elevate his/her heart rate and blood pressure.

If your patient is taking medication that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart-rate response):

Type of medication(s)_____________________________________________________
Effect(s)______________________________________________________________

Please identify any other recommendations or restrictions for your patient in this exercise program:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Thank you,

Erin Bransford
Coordinator of Fitness & Health Promotion
Campus Rec
Portland State University
Office: (503) 725-2959 Fax: (503) 725-2899

_____________________________________________________________________

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

Printed name ___________________________ Phone ________________

Signed ______________________________ Date ___________________
PERSONAL TRAINING
CLIENT PACKET

Exercise History & Goals

1. Check which apply:
   □ I currently exercise.
   □ I do not currently exercise and have never exercised regularly in the past.
   □ I used to be active, but am not anymore. I would like to become active again.

If you do currently exercise, list those activities in which you participate and how much
   time you spend doing each per week.________________________________________

________________________________________________________________________
________________________________________________________________________

If you do not currently exercise, why not? (perceived barriers, unsure of what to do, etc.)
   _______________________________________________________________________

________________________________________________________________________

2. List any exercise, sport, or recreational activities in which you have participated:
   a) In the past 6 months: ____________________________________________________
   b) In the past 5 years: ____________________________________________________

3. How hard do you want to be pushed during exercise? (1 = easy, 5 = really hard)
   1 2 3 4 5

4. How much time are you willing to devote to an exercise program?
   Minutes per day _______ Days per week _______

Please use the following scale to answer questions 5 and 6.

1 2 3 4 5 6 7 8 9 10
Not at all Important/Interesting Somewhat Important/Interesting Extremely Important/Interesting

5. Rate the importance of each of the following exercise benefits to you:
   ___ Improve cardiovascular fitness ___ Improve flexibility
   ___ Increase muscular strength ___ Improve balance
   ___ Body fat/weight loss ___ Increase energy
   ___ Reshape or tone my body ___ Decrease stress
   ___ Improve performance for a specific sport ___ Enjoyment
   ___ Improve mood/feel better ___ Social interaction
   ___ Improve speed, agility, and power ___ Other ______________________________
   ____________________________________________________________
6. Rate your interest level in each of the following types of physical activity:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Level</th>
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<tbody>
<tr>
<td>Weight Machines</td>
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<td>Free Weights/Dumbbells</td>
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<tr>
<td>Cardio Equipment</td>
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<td>Group X Classes</td>
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<tr>
<td>Other</td>
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<td>Running</td>
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<td>Swimming</td>
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<td>Dance</td>
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<tr>
<td>Martial Arts</td>
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<tr>
<td>Team Sports</td>
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7. How many meals and/or snacks do you have per day? ________________

8. Do you feel you eat healthy most of the time? Yes or No

Please check all that apply:

- I pursue a diet that is high in unprocessed foods.
- I eat at least 5 servings of fruits/vegetables every day.
- I almost always eat a full, healthy breakfast.
- I rarely eat high-sugar or high-fat desserts.
- I seldom consume red meats.

9. How many glasses of water do you drink per day?

- □ 0-2
- □ 3-5
- □ 6-8
- □ 9-12
- □ > 12

10. Please write down your primary health/fitness goal for the next:

   a) 1 month: _______________________________________________________

   b) 1 year: _________________________________________________________

   Trainers: Please work with your clients to create SMART goals using these as guidelines.
   Complete the SMART Goals worksheet during your consultation and give it to your clients.
   Record the basic information for their 1 year goal here for your future reference:

   Specific –
   Measurable –
   Attainable –
   Relevant –
   Time-bound –

11. Please list any additional information that you would like your trainer to know about you before getting started (effective motivation techniques for you, exercises you love/hate, hesitations about beginning a program, etc.) __________________________________________________________

    __________________________________________________________
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________
PAR-Q
Physical Activity Readiness Questionnaire

Print Name: ___________________________ Date of Birth: _______/ ________/ ________

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 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.

<table>
<thead>
<tr>
<th>Yes</th>
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IF YOU ANSWERED YES to one or more questions, please read the following and initial in box

Talk to 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 physical activity you want as long as you start slowly and build gradually. Or, you may need to restrict your activities to those that 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 what community programs are safe and helpful for you.

Initial (if YES to any question) __________

NO to all questions, please read the following

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

>> Start becoming much more 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.

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

Signature: ___________________________ Date: _____/_____/_____

Staff Initials: ____________

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