

BODYWORKS PERSONAL TRAINING

Fee: \$50 for a semester (*Must be a KSC Rec Sports facility member to participate*)

This fee includes 2 fitness assessments and weekly training sessions with your personal trainer. Usually you will meet with your trainer once or twice a week and then continue your exercise plan on other days independently. However, there is always an Exercise Science student on duty who can assist you in any way so please ask for our help.

NAME (please print clearly) _____

Phone number _____ **Date** _____

E-mail address _____

Indicate preferred times of day and days of week that you would be able to meet your personal trainer:

Do you have any issues/limitations that we should be aware of such as current injuries, rehabilitation or disabilities?

What are your fitness/health goals and expectations?

Do you prefer a male or a female personal trainer?

Have you worked with a personal trainer here before?

Health History Questionnaire

Name _____ Address _____

Age _____ Gender _____ Date _____

Telephone Contact _____ (home) _____ (work)

Personal Physician _____ Location _____

Emergency Contact _____ Phone _____

PLEASE CIRCLE YES OR NO TO THE FOLLOWING:

History

Heart attack	Y	N	Heart surgery	Y	N
Congenital Heart Disease	Y	N	Heart rhythm disturbance	Y	N
Lung disease	Y	N	Asthma	Y	N
Kidney disease	Y	N	Diabetes	Y	N
Heart murmur	Y	N	Arthritis	Y	N

Symptoms

You experience chest discomfort with exertion	Y	N
You experience unreasonable breathlessness	Y	N
You experience dizziness, fainting or blackouts	Y	N
You take heart medication	Y	N

Other Health Issues

Cramping sensation in lower legs when walking short distances	Y	N
Musculoskeletal problems that limit physical activity	Y	N
Have concerns about the safety of exercise for you	Y	N
Take prescription medications	Y	N
You are pregnant	Y	N

Cardiovascular Risk Factors

You smoke or quit smoking within the last 6 months	Y	N
You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)	Y	N

Physical Activity Level

You are currently inactive (described as **NOT** performing planned, structured physical activity at least 30 minutes at moderate intensity on at least 3 days per week for at least the last 3 months) Y N

If NO, what level of physical activity best describes you currently:

_____ Light-intensity exercise – an intensity that causes slight increases in heart rate and breathing
_____ Moderate-intensity exercise – an intensity that causes noticeable increases in heart rate and breathing
_____ Vigorous-intensity exercise – an intensity that causes substantial increases in heart rate and breathing

How many days a week are you involved in your physical activity? _____

What is your occupational activity level? Sedentary____ Light____ Moderate____ Heavy____

What goals do you have for your physical activity over the next several months? _____

Based on the above intensity descriptions, what is the desired level of activity you wish to pursue? _____