



**Hayden Fitness & Yoga**  
 A division of 0790871 BC Ltd  
**Client Information Questionnaire**

Please complete and return to Hayden Fitness & Yoga at least three days prior to your desired start date

All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. Hayden Fitness takes great pride in seeing to your wellness. The information stated is essential to helping your trainer develop a program that addresses your needs, goals, and provides a safe and effective program.

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
M    D    Y

Address: \_\_\_\_\_  
#    Street                      City                      Province    Postal Code

Phone: (hm) \_\_\_\_\_ (cell) \_\_\_\_\_ (office) \_\_\_\_\_

Email: \_\_\_\_\_

How would you prefer to be contacted? EMAIL / PHONE / TEXT

Would you like to be on our email list for updates? YES / NO

Occupation: \_\_\_\_\_ Is your job sedentary? YES / NO

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

Current Injuries/Concerns: \_\_\_\_\_

What can Hayden Fitness & Yoga provide for you? \_\_\_\_\_  
 \_\_\_\_\_

Would you like to be measured? YES / NO

How did you hear of Hayden Fitness & Yoga? \_\_\_\_\_

Why did you choose Hayden Fitness? \_\_\_\_\_

How far do you live from our studio? \_\_\_\_\_ Which newspaper do you read? \_\_\_\_\_

What would cause you to stop training with us? \_\_\_\_\_

To be completed by Trainer

|   |                |            |
|---|----------------|------------|
|   |                |            |
| Blood Pressure  | 220-age=Max HR | Resting HR |
| Training Heart Rate _____                               | .55 _____      |            |
|   | .65 _____      |            |
|   | .75 _____      |            |
|   | .90 _____      |            |
| Max HR –Resting HR x Intensity + Resting HR=Training HR |                |            |

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the **yes** or **no** opposite the question if it applies to you.

**YES NO**

- 1. Has your doctor ever said you have heart trouble?
- 2. Do you frequently have pains in your heart and chest?
- 3. Do you often feel faint or have spells of severe dizziness?
- 4. Has a doctor ever said your blood pressure was too high?
- 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
- 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
- 7. Are you over age 65 and not accustomed to vigorous exercise?

If you answered **YES** to one or more questions, **please consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.**

If you answered **NO** to all questions...If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for an exercise test.

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

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Do you take any medications? Prescription or Non Prescription, on a regular basis? Please list \_\_\_\_\_

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What is the medication for? \_\_\_\_\_ Does this medication affect your ability to exercise or achieve your fitness goals? YES / NO

**Lifestyle Related Questions:**

- 1) Do you smoke?                      YES    NO      If yes, how many per day? \_\_\_\_\_
- 2) Do you drink alcohol?            YES    NO      If yes, how many glasses per week? \_\_\_\_\_
- 3) How many hours do you regularly sleep at night? \_\_\_\_\_
- 4) Describe your job:                       Sedentary     Active     Physically Demanding
- 5) Does your job require travel?      YES    NO
- 6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? \_\_\_\_\_
- 7) List your 3 biggest sources of stress:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_
- 8) How do you deal with stress? \_\_\_\_\_
- 9) Do you regularly utilize the services of a Massage Therapist, Naturopath, Acupuncturist, Physiotherapist or Chiropractor? YES NO
- 10) Is anyone in your family overweight?  Mother     Father     Sibling     Grandparent
- 11) Were you overweight as a child?            YES    NO            If yes, at what age(s)? \_\_\_\_\_

**Nutrition Related Questions:**

- 1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? \_\_\_\_\_
- 2) How many times a day do you usually eat (including snacks)? \_\_\_\_\_ 3) Do you skip meals? YES NO
- 4) Do you eat breakfast? YES NO 5) Do you eat late at night?  Often  Sometimes  Rarely  Never
- 6) What activities do you engage in while eating? (TV, reading etc) \_\_\_\_\_
- 7) Do you follow a special diet (any restrictions)? YES NO Please provide details \_\_\_\_\_
- 8) How many glasses of water do you consume daily? \_\_\_\_ 9) What other beverages do you consume? How many? \_\_\_\_\_
- 10) Do you feel drops in your energy levels throughout the day? YES NO If yes, when? \_\_\_\_\_
- 11) Do you know how many calories you eat per day? YES NO If yes, how many? \_\_\_\_\_
- 12) Describe a typical day of eating

| Upon Waking | Meal/Snack | Meal/Snack | Meal/Snack | Meal/Snack |
|-------------|------------|------------|------------|------------|
|             |            |            |            |            |

- 13) Are you currently or have you ever taken a multivitamin or any other food supplements? YES NO  
If yes, please list the supplements:  
\_\_\_\_\_
- 14) At work or school, do you usually:  Eat out  Bring food 15) How many times per week do you eat out? \_\_\_\_\_
- 16) Do you do your own grocery shopping? YES NO 14) Do you do your own cooking? YES NO
- 15) Besides hunger, what other reason(s) do you eat?  
 Boredom  Social  Stressed  Tired  Depressed  Happy  Nervous  Other \_\_\_\_\_
- 16) Do you eat past the point of fullness?  Often  Sometimes  Rarely  Never
- 17) Do you eat foods high in fat and sugar?  Often  Sometimes  Rarely  Never
- 18) List 3 areas of your Nutrition you would like to improve:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_
- 19) Would you like nutritional education or assistance? YES NO
- 20) Is weight loss one of your primary goals? YES NO Current weight \_\_\_\_\_ lbs Goal weight \_\_\_\_\_ lbs Height \_\_\_\_\_

**Fitness History:**

- 1) When were you in the best shape of your life? \_\_\_\_\_ 2) When did you first start thinking about getting in shape? \_\_\_\_\_
- 3) Have you been exercising consistently for the past 3 months? YES NO  
If YES please provide details \_\_\_\_\_  
\_\_\_\_\_
- 4) What if anything stopped you in the past? \_\_\_\_\_
- 5) 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.

- 1) How often do you take part in physical exercise? 5-7x/week                      3-4x/week                      1-2x/week  
 2) If your participation is lower than you would like it to be, what are the reasons? \_\_\_\_\_  
 3) For how long have you been consistently physically active? \_\_\_\_\_ 4) What activities are you presently involved in? \_\_\_\_\_

**Cardio & / or Sports**

| Frequency/Week | Average Length | Easy/Mod/Hard |
|----------------|----------------|---------------|
|                |                |               |

Is cardio conditioning an area that you would like us to help you with?                      YES    NO

**Strength Training**

| Frequency/Week | Average Length | Easy/Mod/Hard |
|----------------|----------------|---------------|
|                |                |               |

Would you like some assistance with your muscle conditioning program?                      YES    NO

**Stretching**

| Frequency/Week | Average Length | Easy/Mod/Hard |
|----------------|----------------|---------------|
|                |                |               |

Would you appreciate some help with a stretching program?                      YES    NO

5) Please circle all the activities that interest you:

- |                           |                      |                     |
|---------------------------|----------------------|---------------------|
| Group Fitness Classes     | Snowshoeing          | Football            |
| Private Personal Training | Cross Country Skiing | Soccer              |
| Partner Training          | Hiking               | Swimming            |
| Boxing workouts           | Golf                 | Tennis              |
| Indoor Cycling            | Basketball           | Triathlon           |
| Pilates/Yoga              | Baseball             | Volleyball          |
| Running Programs          | Rockclimbing         | Kayaking            |
| Walking Programs          | Skiing/Snowboarding  | White Water Rafting |

**Developing your Fitness Program:**

1. Please circle how/when you prefer to exercise:

- a)      LARGE GROUPS    SMALL GROUPS    ALONE    COMBINATION  
 b) 6am 7am 8am 9am 10am 11am noon 1pm 2pm 3pm 4pm 5pm 6pm 7pm (Please note not all time slots are available)  
 c) Do you have a preference in Trainer? YES NO If YES Please name \_\_\_\_\_

2. Realistically, how often a week would you like to exercise?                      \_\_\_\_\_x/week  
 3. Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_  
 4. Based on your schedule and our facility location, where will most workouts take place?

Hayden Fitness Studio    Gym    Home    Outside

5. Based on your commitment, how often would you like to see a trainer to help you achieve your goals?

3x/week    2x/week    1x/week    1x/two weeks    1x/month    Other: \_\_\_\_\_

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

M      T      W      T      F      S      S



7. 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 |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

**Goal Setting:**

**How can we best help you? Please check that which applies.**

- Lose Body Fat     Develop Muscle Tone     Rehabilitate an Injury     Nutrition Education     Start an Exercise Program
- Design a more advanced program     Safety     Flexibility     Sports Specific Training     Increase Muscle Size     Fun
- Motivation     Measurement Other \_\_\_\_\_

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)

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

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

2. How important is it for you to achieve these goals?  Very     Semi     Not very

3. How long have you been thinking about achieving these goals? \_\_\_\_\_

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

Hayden Fitness & Yoga works in partnership with excellent local services in Health and Wellness. In order for us to assist you achieve your goals we may refer you to Physiotherapy, Acupuncture, Naturopath, Pilates etc.

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

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

7. What do you think is the most important thing your Personal Trainer can do to help you achieve your fitness goals?

8. 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.).

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT OF HAYDEN FITNESS a div of 079871 BC Ltd**

- 1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Hayden Fitness. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk and against recommendation of Hayden Fitness. I also agree to provide Hayden Fitness with my physician's contact information. I further agree Hayden Fitness shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility), and I expressly release and discharge Hayden Fitness, 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 an 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 understand that 0790871 BC LTD operating as Hayden Fitness will make every reasonable effort to preserve the privacy of the information contained in this Client Information Questionnaire. I further agree that Hayden Fitness shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Information Questionnaire and I expressly release and discharge Hayden Fitness, its owners, employees, agents and/or assigns from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Information Questionnaire. This release shall be binding upon my heirs, executors, administrators and assigns. **I have read and understand this term:** \_\_\_\_\_(initial)
- 3) 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 requested 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 Hayden Fitness 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)
- 4) 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 Trainer. **I have read and understand this term:** \_\_\_\_\_(initial)
- 5) 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)
- 6) I understand that all Private Personal Training rates are based on 30, to 60 minute sessions and should I arrive late, I will not receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time. **I have read and understand this term:** \_\_\_\_\_(initial)
- 7) I understand that Hayden Fitness bills its Personal Training clients on a pre-pay basis. Fees are due on the 19/20<sup>th</sup> of each month preceding and will be prorated according to your start date. Payment must be made before the sessions are conducted. Payment is accepted through our Online Store, Cash, or Cheques made payable to 0790871 BC LTD. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within one year of purchase. **I have read and understand this term:** \_\_\_\_\_(initial)
- 8) I understand that Hayden Fitness operates on a scheduled appointment basis for all sessions and thus requires that I provide 48 hours' notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours' notice given. Should I cancel a session with 48-24 hours' prior notice, I will be charged for one half-session (Note: 30 minute sessions will be charged in full when less than 48 hours notice is received). Should I cancel a session with LESS than 24 hours' prior notice, I will be charged in full for that session. It is recommended that all cancelled sessions be rescheduled to ensure consistency and progress. **I have read and understand this term:** \_\_\_\_\_(initial)
- 9) I understand that during a Personal Training or Group Training session, my trainer/instructor may have to touch my muscles or joints 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 this form of touch, I will immediately request that it be discontinued. **I have read and understand this term:** \_\_\_\_\_(initial)
- 10) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer or any other Hayden Fitness Instructor. **I have read and understand this term:** \_\_\_\_\_(initial)
- 11) I understand that should my Personal Trainer become ill or is away on holiday, another trainer, if available will be assigned to me. I also understand that in the event that my Personal Trainer is no longer employed by Hayden Fitness a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions. **I have read and understand this term:** \_\_\_\_\_(initial)
- 12) I understand that Hayden Fitness photographs many of their client events/sessions and I provide Hayden Fitness the absolute right and permission to use these pictures/images for any lawful promotional, advertising or marketing purpose. **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 PRINT NAME

DATE

CLIENT SIGNATURE