

INMOTION PERSONAL TRAINING QUESTIONNAIRE

This is your medical history form, to be completed prior to your first training session. All information will be kept confidential. This information will be used for the evaluation of your health and readiness to begin our exercise program. The form is extensive, but please try to make it as accurate and complete as possible. Please take your time and complete it carefully and thoroughly, and then review it to be certain you have not left anything out. Your answers will help us design a comprehensive program that meets your individual needs.

If you have questions or concerns, we will help you with those after this form is completed. We realize that some parts of the form will be unclear to you. Do your best to complete the form. Your questions will be thoroughly addressed afterwards. It might be helpful for you to keep a written list of questions or concerns as you complete the medical history form.

Name: _____

Date: _____

Email: _____

General Information

Participant:

Name _____

Address _____

Contact phone numbers _____

Birth date _____

Male Female

Family Physician and/or Primary Health Care Provider:

Doctor/Other _____ Phone _____

Address _____ City _____

May I send a copy of your consultation to your physician or primary health care provider and consult with them as necessary?

Yes No

Signature: _____

Medical History

Please answer the following completely.

List any prescription medications you are now taking: _____

List any self-prescribed medications, dietary supplements, or vitamins you are now taking:

Date of last complete physical examination: _____

Normal Abnormal Never Can't remember

List any medical/diagnostic tests or surgeries you have had, including dates:

List any other hospitalizations, including dates of and reasons for hospitalization:

Have you recently experienced a reoccurring issue with the following (if so, list when):

- Increased anxiety or depression?
- Problems with fatigue, trouble sleeping or increased irritability?
- Migraine or headaches?
- Swollen or painful knees or ankles?
- Swollen, stiff or painful joints?
- Pain in your legs after walking short distances?
- Foot problems?
- Back problems?
- Stomach/intestinal problems, such as heartburn, ulcers, constipation or diarrhea?
- An infection such as pneumonia accompanied by a fever?
- Significant unexplained weight loss/gain?
- Blood clot?
- A hernia?
- Persistent pain or problems walking after you have fallen?

Other issues that may apply to exercise: _____

Check those questions to which your answer is yes (leave others blank).

Heart attack - if so, how many years ago? _____

- Cancer - if so, how many years ago? _____
- Stroke - if so, how many years ago? _____
- Depression or Anxiety - if so, currently? _____
- Nervous or emotional problems - if so, currently? _____
- Rheumatic Fever
- Heart murmur
- Diseases of the arteries
- Varicose veins
- Arthritis
- Tendonitis
- Diabetes or abnormal blood-sugar tests
- Phlebitis (inflammation of a vein)
- Dizziness or fainting spells
- Epilepsy or seizures
- Diphtheria
- Scarlet Fever
- Infectious mononucleosis
- Anemia
- Thyroid problems
- Pneumonia
- Bronchitis
- Asthma
- Abnormal chest X-ray
- Other lung disease
- Jaundice or gall bladder problems
- Injuries to back, arms, legs or joint / Broken bones

Mention **ANY** pain, ailments, or current injuries that may get in the way of certain exercises.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Other Heart Disease Risk Factors

Smoking

Do you smoke?

- Yes No I Used To, how long & until when? _____

Diet

My current weight is: _____

What do you consider a good weight for yourself? _____

One year ago my weight was: _____

At age 21 my weight was: _____

What is the most you have ever weighed? _____

How old were you? _____

Number of meals you usually eat per day: ____ If not consistent, why? _____

Food Intake

Red Meat

- Never Rarely Occasionally Often Daily

Fish

- Never Rarely Occasionally Often Daily

Bread//Rice

- Never Rarely Occasionally Often Daily

Fried Foods

- Never Rarely Occasionally Often Daily

Desserts/Pastries/Candy

- Never Rarely Occasionally Often Daily

Specific Diet?

- None Gluten-free Keto Vegetarian Vegan Atkins Paleo Other _____

Beverage Intake (per day)

Glasses of Water _____

Coffee/Caffeinated Beverages _____

Sodas/Carbonated Drinks _____

Dairy-Based Drinks _____

How often do you drink alcoholic beverages?

- None Occasional Often Daily, _____ per day

Goals... Your Wants, Needs, and Musts

What is (are) your purpose (s) for participation in this Fitness Program?

- To determine my current level of physical fitness and to receive recommendations for an exercise program.

Top Priority Goal(s) : _____

Other Goals : _____

SMART goals? (Specific, Measurable, Action-Based, Realistic, Time-Bound)

S.M.A.R.T. Goal #1 : _____

S.M.A.R.T. Goal #2 : _____

S.M.A.R.T. Goal #3 : _____

Outside of this program, do you have any other habits changes or goals you'd like to accomplish for a healthier and happier lifestyle?

1) _____

2) _____

3) _____

I, _____, agree to not only stay consistent and push myself throughout each session, but also to uphold the above lifestyle changes I know will benefit me greatly. I am also acknowledging that training with InMotion Personal Training is an investment in myself and not an expense, and although it will require my best effort, will be well-worth my energy, time, and money.

InMotion Personal Training - 24-Hour Cancellation Policy

At InMotion Personal Training, we are dedicated to providing the highest level of service and attention to all our clients. We understand that schedules can change, and sometimes you may need to reschedule or cancel your training sessions. However, we also value our trainers' time and commitment. To ensure fair and efficient scheduling for both clients and trainers, we have established the following 24-hour cancellation policy:

1. Cancellation Notice: To cancel or reschedule a training session without incurring a charge, we require a minimum of 24 hour's notice. For example, if you have a session scheduled for 10:00 AM on a Wednesday, you must notify us of the cancellation or request to reschedule by 10:00 AM on the preceding Tuesday.

2. Late Cancellation Fee: If you cancel a training session with less than 24 hour's notice, you will be charged the full session fee.

3. How to Cancel or Reschedule: For all early cancellations outside of 24 hours, please text/call 774-279-8373 or through the MindBody app. Any late cancellations or reschedule requests within 24 hours of your session, please contact your respective trainers directly.

4. Exceptions: We understand that emergencies and unforeseen circumstances may arise. In such cases, we will assess the situation on an individual basis. However, we kindly request that you notify us as soon as possible if such circumstances prevent you from attending your scheduled session.

5. Consistency and Fairness: This policy is in place to maintain consistency, fairness, and respect for both clients and trainers. It helps us manage our scheduling efficiently and ensures that we can accommodate the needs of all our clients.

By engaging in training sessions with InMotion Personal Training, you acknowledge and agree to adhere to this 24-hour cancellation policy. We appreciate your understanding and cooperation in helping us provide the best training experience for all our clients.

Participant's Name: _____ **Date:** _____ / _____ / _____

Signature:

Child Access Policy

Policy statement:

At InMotion Personal Training, we prioritize the safety, comfort, and focused fitness experience of our adult members. To maintain these standards, we have implemented a child access policy that permits children to enter the gym premises only if they have a designated workout plan, ensuring they engage in fitness activities under proper supervision.

Policy overview:

1. No general child access: **children under the age of 14 are not permitted to enter the gym premises for casual or unstructured visits.**
2. Workout plan requirement: children aged 7 and up may enter the gym if they have a pre-approved workout plan. This plan should be designed and supervised by a qualified fitness trainer.

Child access conditions:

1. Designated workout area: children and their trainers must use designated workout areas and equipment, separate from the general gym floor, to minimize disruptions to adult members.
2. Time restrictions: child access is permitted during specific hours designated by the gym. These hours should align with periods of lower adult member usage.
3. Parent/guardian responsibility: parents or guardians are responsible for ensuring their child complies with the gym's rules and regulations and that the workout plan is appropriate for the child's age and fitness level.

Child access approval process:

1. Parents or guardians must contact the gym's management to request child access and provide information about the child's age, fitness goals, and any medical considerations.
2. The gym's fitness staff will work with the parents to create an appropriate workout plan.
3. The plan is reviewed, and if it meets safety and effectiveness standards, the child is granted access during specified hours.

Safety and liability:

InMotion Personal Training will not be liable for any injuries or accidents that occur as a result of a child's presence and participation in the gym, provided that the child adheres to the approved workout plan and the supervision of a qualified trainer.

Conclusion:

at InMotion Personal Training, our child policy is designed to prioritize the safety, comfort, and fitness-focused atmosphere of our adult members. Our commitment to providing a top-notch fitness experience for our members remains unwavering. We appreciate your understanding. Thank you for being a part of our gym community.

Liability Waiver Terms & Conditions

I also recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this program. I agree to fully disclose all medical conditions that would effect my participation in the program. I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of training with InMotion Personal Training. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, joint injuries, back injuries, foot injuries, or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against InMotion Personal Training for injury or damages that I may sustain as a result of participation. I, my heirs, or my representatives, forever release waive, discharge and covenant not to sue InMotion Personal Training or its employees for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant's Name: _____ **Date:** ____/____/____

Signature:

