



Personal Information:

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Information: Name: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Insurance Provider: _____ Phone#: _____

Primary Care Physician: _____ Phone #: _____

Physical Activity:

1. Current Level of Cardio Per Week:

___ 0-60 min ___ 1-3 hours ___ 4-7 hours ___ other

2. What is desired or current level of cardiovascular exercise:

___ Moderate ___ Vigorous ___ Easy

3. How long have you been exercising?

___ Not currently active ___ 1-6 months ___ 7-12 months ___ 12+months ___ Was active in the past but took time off

4. Limitations:

5. Medications and For What:

Consult:

6. What is your Primary Goal:

Make sure that your goal has each of the 5 SMART attributes

- o Specific
- o Measureable - 4 days or more a week
- o Achievable one-3 months
- o Rewarding
- o Time-based

Is there a special reason you want to achieve this goal:

7. What time frame have you established for achieving this goal? _____

8. How committed are you to achieving this goal? _____
[scale of 1-10 1-not and 10-100%]

Action Items and Tasks

List at least four specific action items or tasks that will help you achieve this goal.

For the items that are not daily tasks, assign a target date (for weekly tasks, create a target date for each week)

	Action or Task	Target Date	Completed Date
1			
2			
3			
4			

9. How can I help you achieve your goal? _____

Obstacles & Setbacks

What obstacles or setbacks could you foresee getting in the way of your progress towards your goal?

What are solutions to help you overcome the barriers?

	Obstacle or Setback	Solution
1		
2		

3		
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10. Have you ever participated in a workout program in the past? _____

11. How long was this program and what activities did include? _____

12. How happy were you with the results of the program

____ Not happy ____ somewhat ____ very happy

Why?: _____

13. Check all that applies: Have you ever worked with a Personal trainer ____ Physical therapist ____ Nutritionist ____ Running Coach ____ Other _____

14. Are you currently working out? _____

15. How many times a week if so? _____

16. Are you consistent with working out? _____

17. When were you in the best shape of life? _____

18. What activities were you involved in at that time? _____

19. What activities do you enjoy now? _____

20. How many days per week does exercise fit into your lifestyle? _____

21. What are some items you eat on a daily basis:

Breakfast	
Lunch	
Dinner	
Sweets/Snacks	

22. How would you rate your current health on a scale of [1-10 1 not good, 10-great]. _____

23. Do you smoke? _____ How much in a day? _____

24: Do you drink? _____ How many days a week? _____

25. How much do you weigh? _____ How tall are you? _____

BMI Score: _____ Body Fat: _____

_____ Underweight _____ Healthy Weight _____ Overweight _____ Obese

26. What is your desired weight? _____

27. Availability: M T W Th Fr AM _____ Afternoon _____ Evening _____

Times: _____

28. For runners only:

a. Have you run before? _____

b. If so, how long? _____ months _____ years

c. How many miles do you run in a week? _____

d. Have you run races? _____ 5K's _____ 10K's _____ 1/2 mar _____ marathon _____

e. How many of each? _____ 5K's _____ 10K's _____ 1/2 mar _____ marathon _____

29.

Any injuries? _____

Please describe: _____

Policies

- You will be pay upon service using a check, cash, or Venmo
- \$1.00/minute - \$60 per hour (Discounts apply if I see you more than once a week.)
- Time accrued for plans and paid at time of next service
- If a plan is provided and you cease to continue to training, the program will be terminated
- You are willing to commit up to 6 weeks (Change takes time – so be patient.) Note: Running is a huge commitment – from running a 5K-marathon.
- **I require a 24-hour notice given for a cancellation.** You will be charged the full amount unless there is an illness or other emergency. Please text, call 7209873004 or email me michelle@boost180fitness.com
- Please reschedule if you cancel to keep you on track
- If I cancel, you get a free session
- Sessions are 1 hour. I do like to chat, so that won't be included in the fee 😊 For Running it does go over an hour sometimes due to being afar or stretching
- If you want to run a long run, an extra fee will be attached based on time.
- Extra fee attached for travel \$15- 10-15 miles \$25 - +15

If the forgoing accurately reflects your understanding of the policies, please acknowledge your acceptance by signing below.

Participant Name Printed: _____

Participant Signature: _____

Child's Name: _____

Parent's Name: _____ Signature if participant is under
18: _____

Today's Date: _____