PERSONAL TRAINING INFORMATION FORM

Thank you for participating in the personal training service at the ISU Wellness Center. Before your first training session, please read through the information below and bring it with you to your appointment. If you have any questions, please do not hesitate to contact the ISU Wellness Center at 282.2117.

Personal Training Client Information Form

Last name: ___________________ First name: ___________________ MI: _____
Address: ____________________ City/State: ________________ Zip Code: ______
Telephone: __________________ E-mail address: __________________
Bengal card number: __________ ISU Affiliation: ________________
Emergency contact person: ________________ Relationship: ________________
Home telephone: _______________ Cell phone: _______________ Work telephone: _______________

Personal Health Information
Date of birth: _______________ Age: _____ Height: ______ inches or cm Current weight: ______ lbs. or kg
Resting heart rate (RHR): __________ Resting blood pressure (if known): ________________

Physical Activity Readiness Questionnaire (Par-Q)
This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

YES   NO
☐ ☐ Has your doctor ever said that you have a heart condition and that you should only do physical
       activity recommended by a doctor?
☐ ☐ Do you feel pain in your chest when you do physical activity?
☐ ☐ In the past month, have you had chest pain when you were not doing physical activity?
☐ ☐ Has your doctor ever said that you have high blood pressure?
☐ ☐ Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or
       heart condition?
☐ ☐ Do you lose balance because of dizziness or do you ever lose consciousness?
☐ ☐ Do you have a bone or joint problem such as arthritis that could be made worse by a change in
       your physical activity?
☐ ☐ Have you ever been diagnosed with another chronic medical condition (other than heart disease or
       high blood pressure)?
☐ ☐ Has your doctor ever said that you should only do medically supervised physical activity?
☐ ☐ Do you know of any other reason why you should not do physical activity?

Health Risk Assessment (HRA)
To provide you with the best service possible, it is important for us to review issues that might impact your
health. **This form is confidential and will be kept in your file in the ISU Wellness Center. The ISU Wellness
Center staff will not release this information without your written consent, unless required by law.**

1. Please list medications (prescription, over-the-counter, dietary supplements) taken regularly and the
   reason for taking: __________________

2. Please list any food or drug allergies: ____________________________________________

(The HRA continues on the other side.)
3. Do you use tobacco products? __________ If yes, how often and how much? __________

4. Have you (or a family member) ever been told that you have diabetes? __________________________

5. Do you have any known cardiovascular problems (abnormal ECG, atherosclerosis, heart attack, high blood pressure)? □ Yes □ No If yes, please explain: __________________________

6. Has your doctor ever told you your cholesterol level is high? __________________________

7. Women only: Are you pregnant or did you have a baby less than six weeks ago? □ Yes □ No

8. Please write what you consider a healthy weight for yourself: _________ pounds or _________ kg

9. Are you at or within ten pounds of your desired weight? □ Yes □ No

10. Are you trying to lose weight? □ Yes □ No

   If yes, please describe the method of weight loss you are using: __________________________

**Reschedule/Cancelation and No-Show Policy**

Please reschedule your appointment if you are suffering from any acute respiratory infection or related condition. If you cannot keep your appointment for other reasons, please contact the Wellness Center at (208) 282-2117 as soon as possible in advance. **If you do not show for a personal training appointment two times, you will not be allowed to schedule another training session for the remainder of the semester.**

**Late Policy**

Because the length of each personal training session is 45 minutes, it is important for you to be on time for your appointment. If you do not arrive on time, the ISU Wellness Center personal trainer will wait no longer than 10 minutes. If you fail to meet the staff member within 10 minutes of your scheduled appointment time, it will be considered a no-show (see no-show policy above).

**Refund Policy**

All sales are final and requests for refunds will only be accepted based upon medical necessity or in case of significant emergencies. Documentation of medical condition or other emergencies may be required to request a refund. All refund requests will be reviewed and completed on a case-by-case basis.

**Trainer’s Consultation Notes**

(Be sure to note any incidences of pain, current/past injuries, surgeries, chronic diseases, and other medications or dietary supplements being used by the client.)