

***Pro FIT***  
***Professional Fitness Lifestyle Coaching Inc.***

**PERSONALIZED FITNESS TRAINING AND SPORTS NUTRITION**  
604.329.PUMP (7867)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ SLEEP TIME \_\_\_\_\_ (in hours)

HEIGHT: \_\_\_\_\_ (in inches)      WEIGHT: \_\_\_\_\_ (in pounds)

GENDER: \_\_\_\_\_ (M or F)      DESIRED WEIGHT: \_\_\_\_\_ (in pounds)

HOW WERE YOU REFERRED TO US: \_\_\_\_\_

NAME OF EXERCISE FACILITY: \_\_\_\_\_

NAME OF CLUB OWNER OR MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PRIMARY TRAINING AND NUTRITION OBJECTIVE** (check one or more)

- |  |  |
|--|--|
| <input type="checkbox"/> Fat Loss            | <input type="checkbox"/> Fitness (General)         |
| <input type="checkbox"/> Resistance Training | <input type="checkbox"/> Strength (Recreational)   |
| <input type="checkbox"/> Bodybuilding        | <input type="checkbox"/> Aerobic Sport (Specify)   |
| <input type="checkbox"/> Aerobics            | <input type="checkbox"/> Anaerobic Sport (Specify) |

Specify sport(s) or other training objectives not listed: \_\_\_\_\_

NUMBER OF WEEKS TO ACHIEVE GOAL: \_\_\_\_\_ (12-week minimum for all goals)

HOW OFTEN WILL YOU TRAIN PER WEEK? (Circle one):

2 (minimum)    3    4    5    6    7

DO YOU (OR YOUR COMPANION) COOK AT HOME REGULARLY?     YES     NO

DO YOU SMOKE?      YES    NO     \_\_\_\_\_(cigarettes/dips per day)

INGEST ALCOHOL?    YES    NO     \_\_\_\_\_(wine, beer or drinks per day)

HEALTH CONDITIONS, MEDICAL PROBLEMS AND MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_

OTHER DRUG USE (list all, including prescription and non-prescription substances): \_\_\_\_\_  
\_\_\_\_\_

OLD AND RECENT INJURIES: \_\_\_\_\_  
\_\_\_\_\_

FOODS YOU CAN'T OR WON'T EAT: \_\_\_\_\_  
\_\_\_\_\_

**TRAINING EXPERIENCE** (read below and circle one)

1. Sedentary = Those who have little or no recent history of training or nutrition.
2. Beginners = Those just getting into training and nutrition within the past year, who workout 3 times weekly.
3. Intermediates = Those who have worked out for at least one year, are familiar with weight training exercises, and exercise 3-5 times per week.
4. Upper-Intermediates = Bodybuilders, athletes, and fitness-oriented individuals who are already active and are ready to amplify their training efforts to the maximum.
5. Advanced = Accomplished collegiate, amateur or professional bodybuilders, athletes and fitness oriented people who have been training seriously for a substantial period of time, are thoroughly familiar with training, equipment and sound nutritional practice, who train 5 or more times per week.
6. Pre-Contest or Pre-Season = Professional, amateur or collegiate athletes ready to enter a competition (contest or season). Allow a minimum of 16 weeks for this preparatory mesocycle.

Are you interested in Chiropractic care?    Yes    No

Are you interested in a Massage Therapy treatment?    Yes    No

Are you interested in Naturopathic care?    Yes    No

Are you interested in a Traditional Chinese Medicine treatment?    Yes    No

**CLIENT'S MEDICAL HISTORY**

Have you experienced any of the following?

- YES  NO Heart attack, coronary bypass or other coronary surgery?
- YES  NO Chest discomfort (especially with discomfort)?
- YES  NO High blood pressure?
- YES  NO Extra, skips or rapid heart beats/palpitations?
- YES  NO Heart murmurs clicks or unusual cardiac findings?
- YES  NO Rheumatic fever?
- YES  NO Ankle swelling?
- YES  NO Peripheral vascular disease?
- YES  NO Phlebitis, emboli?
- YES  NO Unusual shortness of breath?
- YES  NO Light-headedness or fainting?
- YES  NO Pulmonary disease (e.g., asthma, emphysema and bronchitis)?
- YES  NO Stroke?
- YES  NO Recent illness, hospitalization or surgical procedure within the past four months?
- YES  NO Medications of any kind? (If yes, list all on back)
- YES  NO Diabetes or other metabolic disorders?
- YES  NO Are you pregnant?
- YES  NO Is there any reason your physician would object to your nutritional program?
- YES  NO Is there a history of heart disease in your family?
- YES  NO Is there any reason your physician would object to your exercising?

**WAIVER**

I, the undersigned, have read, understand, and have answered the above health/medical survey questions fully and truthfully. I have consulted with my personal physician regarding my medical fitness to engage in strenuous exercise and a nutritional support program. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against **Pro FIT Professional Fitness Lifestyle Coaching** and/or T'ai Erasmus, the participating training facility and the fitness trainer administering this instrument for any and all injuries suffered while following the training and/or nutrition program provided to me.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Physician, Certified Fitness Trainer or Club Owner/Manager

\_\_\_\_\_  
DATE

## ***Pro FIT Agreement and Release of Liability***

1. In consideration of being allowed to participate in the personal fitness training activities and programs of ***Pro FIT Professional Fitness Lifestyle Coaching (Pro FIT)*** and/or T'ai Erasmus, and to the use of it's facilities, equipment, and services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge ***Pro FIT*** and/or T'ai Erasmus and it's officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs, or services of ***Pro FIT*** and/or T'ai Erasmus, or the use of any equipment at various sites, including home, provided by and/or recommended by ***Pro FIT*** and/or T'ai Erasmus. (*Please Initial \_\_\_\_\_*)
  
2. I have been informed, understand, and am aware that strength, flexibility, and aerobic exercises, including the use of equipment, are potentially hazardous equipment. I also have been informed, understand, and am aware that fitness activities involve a risk of injury, including a remote risk of serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding, and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks and responsibilities that may incur. (*Please Initial \_\_\_\_\_*)
  
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examinations and consultations with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment. (*Please Initial \_\_\_\_\_*)
  
4. I understand that ***Pro FIT's*** and/or T'ai Erasmus's provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgement, representation, or indication of my physiological well being, or a medical opinion relating thereto.  
(*Please Initial \_\_\_\_\_*)

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Client's signature

***Pro FIT***

By: \_\_\_\_\_