**The Corporation of the Town of Bracebridge**
**RECREATION DEPARTMENT**
**Personal Training - Intake Form**

**NAME:** _____

**ADDRESS:** _____

**HOME PHONE:** _____ **CELL PHONE:** _____

**DATE OF BIRTH:** _____ **E-MAIL:** _____

Please mark each statement that is true to you.

| | |
|---|---|
| | Physically Inactive (active less than 30 minutes 3 times a week) |
| | Overweight |
| | High Cholesterol |
| | High Blood Pressure |
| | Stroke |
| | Heart Surgery - or any other surgery before the age of 55 |
| | Smoker |

**Family History**

Is there a history of the following in your family?

| | |
|---|---|
| | Diabetes |
| | Cancer |
| | High Cholesterol |
| | High Blood Pressure |
| | Heart Attack Or Stroke |

In the space below, please indicate anything that may impact training that is related to family history.

_____

_____

_____

**Exercise Habits**

What exercise do you enjoy or have enjoyed in the past?

1. _____
2. _____
3. _____

**Existing Medical Conditions**

*Please see attached medical form if applicable*

Resting Heart Rate: _____ bpm (# of heartbeats per minute, start at number 0, taken 1st thing in the morning)

**Medications**

Are you currently taking any medications? Yes _____ No _____

If yes, please list the medication and identify the condition for which it is taken, if it might impact your training program.

**Medication:** _____ **Condition:** _____

**Medication:** _____ **Condition:** _____

**Medication:** _____ **Condition:** _____

**Medication:** _____ **Condition:** _____

**Allergies**

Do you have any allergies? Yes _____ No _____

If yes, please list the allergy and identify any medication required to be taken.

**Allergy:** _____ **Medication:** _____

**Allergy:** _____ **Medication:** _____

**Allergy:** _____ **Medication:** _____

**Allergy:** _____ **Medication:** _____

Please provide additional information regarding medications taken, conditions and allergies, if necessary.

_____

_____

_____

_____

**Diet**

Do you currently follow a specific eating program? Yes _____ No _____

If yes, please explain (i.e. gluten free).

_____

_____

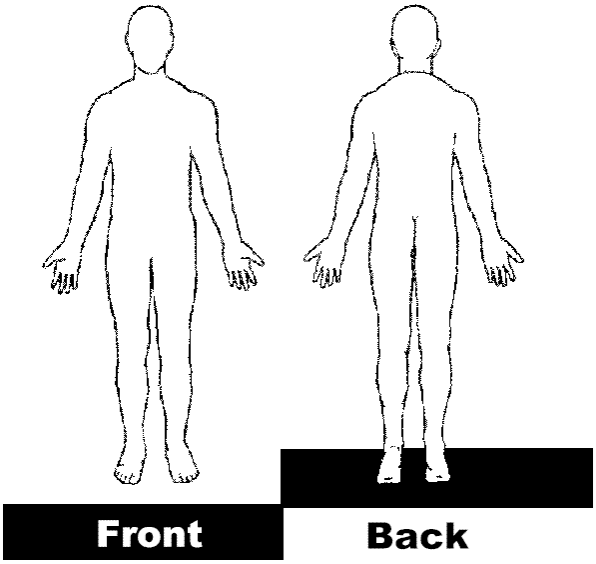
_____

_____

## Pain and/or Injuries

Do You Experience Any Pain or Do You Have Any Current or Previous Injuries?

Yes _____ No _____ If yes, please circle the location of the pain or injury.




Please describe the pain or injury:

_____

_____

Have you ever had an accident or a surgery that may impact your training program: (e.g. broken hip)? Yes _____ No _____

If yes, please explain.

_____

_____

_____

_____

## Contact In Case of Emergency

**NAME:** _____

**RELATIONSHIP:** _____

**HOME PHONE:** _____ **CELL PHONE:** _____

## Family Physician/Medical Professional

**NAME:** _____

**PHONE:** _____

## Lifestyle

| | Always | Sometimes | Rarely |
|---|---|---|---|
| I get 6-8 hours of sleep per night | | | |
| I am physically active 3-4 times a week | | | |
| I have regular medical checkups | | | |
| I eat mainly pre-prepared foods | | | |
| I drink enough water every day | | | |
| I enjoy a variety of foods daily (fruit, vegetables, protein, fats) | | | |
| I am highly motivated and determined | | | |
| I have a busy work schedule | | | |
| I have a busy home schedule | | | |
| I journal food and exercise | | | |
| I like to prepare my own food | | | |

I deal with stress by:

My favourite thing to do in my spare time is:

I would like our training sessions to be:

Workouts I do not enjoy are:

**Personal Trainer**

By signing this form, I certify that I have asked for and understand the pertinent information required for me to make an informed decision. I will do my best to create an individualized program that is results based

**Signature:** _____ **Date:** _____

**Client**

By signing this form, I certify that I have disclosed all pertinent information in an honest and truthful manner. **I also understand that cancelling with less than 24 hours' notice may result in a charge for the scheduled session.**

**Signature:** _____ **Date:** _____

**To return this form, drop it off at the Reception Desk of the Bracebridge Sportsplex or scan and email to Rec.Office@bracebridge.ca and someone will contact you.**