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Personal Training Client Information

Welcome, we're excited to work with you!

Thank you for your interest in our Personal Training program. We want to help you reach your health and fitness goals by pairing you with one of our certified trainers. Before you begin your program, please take a moment to review and fill out this form, turn it in:

- You are paired with a Personal Trainer that fits within your availability to best assist you meet your health and fitness goals.
- Your paired Personal Trainer contacts you to schedule your Fitness Assessment where you'll discover your own personal baseline/starting point.
- At your Fitness Assessment you'll discover your fitness baselines and complete our Personal Training Informed Consent and Personal Training Agreement forms.
- Then your journey to meeting your health and fitness goals officially begins!

Questions regarding Personal Training Services at Cleveland State University Campus Recreation Center can be directed to:

Haley Ross, Coordinator - Recreation Programs,
h.e.ross55@csuohio.edu

All information submitted in this packet will be kept confidential. Client information regarding health history in any form may only be accessed by appropriate staff of Cleveland State University Campus Recreation. Appropriate staff may include, but is not limited to, your current personal trainer, and the Coordinator - Recreation Programming. Please review the Member Policies and Procedures Manual for all inquiries concerning the Personal Training program.

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Client Information & Preferences

Name: _____

E-mail: _____ Phone Number: _____

Preferred Method of Contact *(select one)* : ☐ Phone / ☐ Email / ☐ Text

Are you a current CSU Recreation Member? ☐ Yes / ☐ No ID Number _____

I am interested in the following Personal Training option(s) (check all that apply):

- ☐ Individual Personal Training
- ☐ Small Group Personal Training
- ☐ Body Composition
- ☐ Fitness Assessment

If you are interested in Small Group Personal Training, please list the other potential participants you would like to train with.

_____

How long would you like to work with a Personal Trainer?

- ☐ A few sessions to get me started
- ☐ 1-2 months
- ☐ 3-6 months
- ☐ More than 6 months

How many sessions a week would you like to work with a Personal Trainer? *(select one)*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

What days + times are you available to train?

- ☐ Monday _____
- ☐ Tuesday _____
- ☐ Wednesday _____
- ☐ Thursday _____
- ☐ Friday _____
- ☐ Saturday _____
- ☐ Sunday _____

*Rec Hours:

Fall & Spring Semesters	Breaks & Summer Semester
Mon-Thurs: 5:45am - 10pm	Mon-Fri: 5:45am - 8pm
Fri: 5:45am - 9pm	Sat - Sun: 9:30am - 3:30pm
Sat - Sun: 9:30am - 4:30pm	

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ACSM Health Status & Health Questionnaire

This questionnaire includes several questions regarding your physical health - please answer every question as accurately as possible. Please ask us if you have any questions. Your responses will be treated in a confidential manner.

Personal Information

Date of Birth: _____ / / Height: Weight: Gender: ☐ Female ☐ Male

Medical History

YES / NO

- ☐ ☐ Do you have any personal history of heart disease (coronary or atherosclerotic disease)?
- ☐ ☐ Any personal history of diabetes or other metabolic disease (thyroid, renal, liver)?
- ☐ ☐ Any personal history of pulmonary disease, asthma, interstitial lung disease or cystic fibrosis?
- ☐ ☐ Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- ☐ ☐ Any unaccustomed shortness of breath (perhaps during light exercise)?
- ☐ ☐ Have you had any problems with dizziness or fainting?
- ☐ ☐ Do you have difficulty breathing while standing or sudden breathing problems at night?
- ☐ ☐ Have you experienced a rapid throbbing or fluttering of the heart?
- ☐ ☐ Do you suffer from ankle edema (swelling of the ankles)?
- ☐ ☐ Have you experienced severe pain in leg muscles during walking?
- ☐ ☐ Do you have a known heart murmur?
- ☐ ☐ Has your serum cholesterol been measured at greater than 200 mg/dl?
- ☐ ☐ Are you a cigarette smoker?
- ☐ ☐ Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- ☐ ☐ Would you characterize your lifestyle as "sedentary"?
- ☐ ☐ Have you had a high fasting blood glucose level on 2 or more occasions (>=110mg/dl)?
- ☐ ☐ Are you 20% or more overweight or have you been told your "BMI" was greater than 30?
- ☐ ☐ Have you been assessed as hypertensive on at least 2 occasions (systolic > 140mmHg or diastolic >90mmHg)?
- ☐ ☐ Do you have any family history of cardiac or pulmonary disease prior to age 55?
- ☐ ☐ Are you currently being treated for high blood pressure?

If you know your average blood pressure, please enter it here : _____ / _____

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Personal Traning Client Information

Please check all conditions or diagnoses that apply:

- ☐ Abnormal EKG
- ☐ Low Blood Pressure
- ☐ Emphysema
- ☐ Arthritis
- ☐ Foot Problems
- ☐ Shoulder Problems
- ☐ Chronic Headache/Migraine
- ☐ Hernia
- ☐ Abnormal Chest X-Ray
- ☐ Asthma
- ☐ Other Lung Problems
- ☐ Bursitis
- ☐ Knee Problems
- ☐ Stroke
- ☐ Persistent Fatigue
- ☐ Anemia
- ☐ Rheumatic Fever
- ☐ Bronchitis
- ☐ Limited Range of Motion
- ☐ Swollen or Painful Joints
- ☐ Back Problems
- ☐ Epilepsy or Seizures
- ☐ Stomach Problems
- ☐ Are You Pregnant?

Has a doctor imposed any activity restrictions? If yes, please describe:

Medications

Please list the specific medications that you currently take:

Other Health History Information

Please indicate any other medical conditions or activity restrictions that you may have, or any other information you feel is critical to understanding your readiness for exercise. It is important that this information be as accurate and complete as possible.

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Personal Training Client Information

Please indicate your personal health & fitness related goals (select all that apply):

☐ Feel Better	☐ Look Better	☐ Reduce Stress
☐ General Fitness	☐ Lose Weight	☐ Reduce Back Pain
☐ Improve Diet	☐ Sport - Specific Training	☐ Improve Flexibility
☐ Stop Smoking	☐ Injury Rehab	☐ Muscular Size (Hypertrophy)
☐ Muscular Strength	☐ Low Cholesterol/Blood Pressure	☐ Other: _____

Please tell us a little about your exercise patterns & goals:

What is your exercise history?

_____

What health improvements do you need?

_____

What are your activity preferences?

_____

What barriers to success do you anticipate?

_____

How will you know that you are succeeding?

_____

What is your motivation level? ☐ High ☐ Medium ☐ Low

What is your confidence level? ☐ High ☐ Medium ☐ Low

I verify that all of the completed information is correct to the best of my knowledge. I understand that I may need to consult my physician before starting any exercise program and I will make any necessary arrangements to obtain a medical clearance to exercise should I be asked.

Print: _____

Signature: _____ Date: _____

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Personal Training Client Information

Personal Training Informed Consent

Cleveland State University Campus Recreation Services

I, _____, wish to participate in Personal Training with a trainer at the Cleveland State University Recreation Center. I understand there are inherent risks in participating in a program of strenuous exercise. I recognize that I must communicate with my trainer any physical or mental sensations, which may or may not be related to any on-site and off-site activities contingent with the exercise of personal training tailored for me. I am aware that I may encounter some soreness and discomfort during and up to 48 to 72 hours after a session and that I will take responsibility for distinguishing the nature of such sensations and communicating with my trainer. Additionally, I have represented and stated to the best of my knowledge, information about my physical status and believe that I am in a state of satisfactory physical health and condition to enter into this program. Finally, if for any reason my Personal Trainer believes I need medical clearance, I agree to obtain one from my personal physician before continuing or beginning to participate in the program.

I agree that Cleveland State University, the Cleveland State University Recreation Center, nor my Personal Trainer shall be liable or responsible for any injuries to me resulting from my participation in Personal Training. I expressly release and discharge all the aforementioned parties of all claims, actions and judgments which I or my heirs, executors, or administrators may have or claim to have against the Cleveland State University Recreation Center, for all injuries or other damage which may occur in connection with my participation in Personal Training. This release shall be binding upon my heirs, executors, the administrators, and assigns.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I have read and fully understand this agreement, and by signing, agree to abide by these standards.

Client: _____ Date: _____

Trainer: _____ Date: _____

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Personal Training Agreement

Cleveland State University Campus Recreation Services

I, _____, understand that I have paid for Personal Training sessions. I understand that this payment is non-refundable. If, for any reason, the assigned Personal Trainer cannot complete a package another trainer will be appointed by the Cleveland State University Recreation Center Department.

Personal Training offers many benefits that include one-on-one attention and a flexible training schedule. To receive the greatest possible benefits from your training session(s), it is important to communicate clearly. The following is a list of standards followed in the Cleveland State University Recreation Center personal training program:

- *Your trainer is scheduled with you for thirty minutes or one hour. If he/she is more than 15 minutes late, you are entitled to one free training session. If a trainer completely misses a session, you are entitled to two free training sessions. Communication is very important so please verify set appointment times.*
- *If you, as the client, arrive late for an appointment, then you are entitled to whatever time is left in the session. If you entirely miss an appointment, without notifying your Trainer, you will be charged for the session.*
- *If you have to cancel an appointment, you must do so at least 24 hours before your scheduled appointment time or you will be charged for that session. Please remember that your trainer may be coming in especially for you and you alone.*
- *Training sessions are to be 30 or 60 minutes based on the session or package purchased.*

If you have any problems or concerns please speak directly to your trainer or, if you wish, **Coordinator - Recreation Programs, Haley Ross at h.e.ross55@csuohio.edu.**

I have read and fully understand this agreement, and by signing, agree to abide by these standards.

Client: _____ Date: _____

Trainer: _____ Date: _____