

Name:

Personal Trainer:

CorePhysio Personal Training Pre-Participation Packet

Dear Client,

Welcome to CorePhysio's Personal Training Program! We are excited that you have chosen to participate in an activity program specifically designed for you. Before we begin, there is some critical information we need to understand in order to provide a program that is right for you. Please complete the following packet and bring it with you to your first session.

To be completed before your first session:

- Physical Activity Questionnaire
- Health History Questionnaire
- Physical Activity Readiness Questionnaire (PAR-Q)
- Health & Fitness Liability Waiver
- Medical Release Form (*may be required*)
- Photo/Video Release Form (optional but encouraged to share your hard work on our Instagram!)

Physical Activity Questionnaire

To help us get an idea of how familiar you are with different exercises and activities.

1. How did you find out about CorePhysio's Personal Training Program?

2. Have you ever performed resistance training exercises in the past? Yes _____ No _____
(Movement against a resistance such as dumbbells, weight machines, bands, or bodyweight)

3. How often do you participate in physical activity?

____ Never ____ 1-3 times/month ____ 1-2 times/wk. ____ 4-5 times/wk.

4. When doing physical activity, for how long do you remain active?

____ N/A ____ 20 Minutes ____ 30 Minutes ____ 1 Hour ____ > 1 Hour

5. At what intensity are you physically active? Choose your ability to talk during exercise.

____ N/A ____ Able to talk & sing ____ Able to talk but not sing ____ Unable to say more than a few words

6. Did you know that people who schedule activity are more likely to be active?

What time of day works for you to be active? _____

7. Did you know that people who are active with a partner are more likely to be consistently active?

Who is a potential workout partner for you? _____

Will you be willing to ask them to be active with you? Y / N

8. Did you know people who are active on a regular basis tend to be in touch with the "feel good" feelings immediately after activity?

How do you usually feel before physical activity? _____

How do you usually feel after easy or moderate physical activity? _____

9. Daily Activity: Moving daily can be very beneficial long term; small changes add up for both physical and psychological benefits. Which activities could you add this week without much effort?

Which could you add within two weeks?

_____ Park near the back lots

_____ Walk to school/work/out

_____ One active errand (no car)

_____ Stairs instead of elevators

_____ Bike to school/work/out

_____ Walk from one bus stop away

10. Aerobic Exercise: Moving for just 10 minutes at low to moderate intensity routinely can help improve sleep, mood, energy level, cognitive functioning, self-esteem, endurance, cardiovascular health, overall quality of life.

Which activities do you currently enjoy?

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Hiking | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Dance/Zumba | <input type="checkbox"/> Racquet sports | <input type="checkbox"/> Frisbee |
| <input type="checkbox"/> Stationary bike | <input type="checkbox"/> Elliptical | <input type="checkbox"/> Yoga/Pilates | <input type="checkbox"/> Competitive Sports |
| <input type="checkbox"/> Stair climbing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Spin cycle | <input type="checkbox"/> Water Running |
| <input type="checkbox"/> Other _____ | | | |

Which activities would you like to try?

11. Resistance Training: Activity that causes the muscles to contract against an external resistance such as dumbbells, bands or by use of your own body weight can lead to benefits in strength, posture, bone health, tone, and endurance.

Which activities do you currently enjoy?

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Calisthenics | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Core Workouts | <input type="checkbox"/> Physical Work | <input type="checkbox"/> Crossfit |

Which activities would you like to try?

12. People who identify potential barriers and possible alternatives/solutions before they are active are more likely to be successful. Many of these “excuses” are only perceived. For example, most people say they do not have time to be active; in reality, their biggest barrier is their self-talk and their tendency to talk themselves out of exercising and not talking themselves into being active.

What is your biggest barrier? _____

What is one possible solution to this barrier? _____

13. What are 3 main goals can we help you achieve with CorePhysio Personal Training?

1. _____
2. _____
3. _____

Examples:

Health:

Improve body composition
Improve sleep
Improve strength
Improve stamina
Increase flexibility and mobility
Increase energy
Boost immunity
Reverse muscle loss from aging (sarcopenia)
Prevent injury
Continue injury rehabilitation
Gain more confidence
Make a connection with other people

Physical Performance:

Running a 5k/10k/half or full marathon
Mountain Bike pain-free
Ski/snowboard on Mount Baker
Enhance competitive sport performance
Enhance musical and artistic endeavors
Overcome hesitation with movement
Learn how to use free weights and resistance bands
Find new fun activities

Health History Questionnaire

Knowing this information helps us ensure your safety in participation.

Client Information

Name: _____ Date: _____

Address: _____

Local Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: _____

Occupation: _____

Primary Health Care Provider

Doctor: _____ Phone: _____

Address: _____

When were you last seen by a physician? _____

Present/Past History

1. Have you had surgery within the last 2 years? Yes _____ No _____

Please describe: _____

2. Do you have any past or present orthopedic injuries? Yes _____ No _____

3. Are you taking any medications (prescribed or not)? Yes _____ No _____

Please list: _____

4. Are you taking any vitamins or supplements (herbs, enzymes, etc.?) Yes _____ No _____

Please list: _____

5. Do you follow or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits? _____

6. Please check all conditions that you currently have or have had in the past.

- | | | | | |
|---|-----------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke | <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Migraine or headache |
| <input type="checkbox"/> Broken Bone | <input type="checkbox"/> Anemia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hernia | <input type="checkbox"/> Pain | <input type="checkbox"/> Limited range of motion | |

Please explain any conditions that you checked (e.g., treatment, symptoms, restrictions): _____

7. If you like, we can give you more information and resources for the following. Please check any items you are interested in learning more about.

- | | | | | |
|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Drug use | <input type="checkbox"/> Sexual health | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Body image |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Relationships | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Emotional health | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Women's health | <input type="checkbox"/> Men's health | <input type="checkbox"/> Depression | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Avoiding illness | <input type="checkbox"/> Addiction | <input type="checkbox"/> Sleep | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Family health history | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Alternative providers | | |
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Other _____ | | | |

8. If you are a current CorePhysio client:

- ☐ I would like my physical therapist to review my personal training program and progress. (5-minute consultation per month is complementary; overlapping physical therapy and training sessions will result in a physical therapy charge.)
- ☐ I would like my personal trainer to discuss my personal training with another health care provider. I will fill out a release of information at my health care provider's office to enable that to occur.

Name/Title of health care provider/address/phone number: _____

If you are an active PT client, your physical therapist may recommend medical clearance prior to participating in an exercise program.

I acknowledge that I am in good health, have answered the previous questions truthfully, and have no known medical problems that would preclude safe participation in this exercise program.

Signed: _____

Date: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is important when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.

- | | | |
|---|---|--|
| Y | N | Has a physician ever said you have a heart condition, and you should only do physical activity recommended by a physician? |
| Y | N | When you do physical activity, do you feel pain in your chest? |
| Y | N | When you were not doing physical activity, have you had chest pain in the past month? |
| Y | N | Do you ever lose consciousness or do you lose your balance because of dizziness? |
| Y | N | Do you have a joint or bone problem that may be made worse by a change in your physical activity? |
| Y | N | Is a physician currently prescribing medications for your blood pressure or heart condition? |
| Y | N | Are you pregnant or post-partum? |
| Y | N | Do you have insulin dependent diabetes? |
| Y | N | Are you a man over the age of 45 or a woman over the age of 55? |
| Y | N | Do you know of any other reason you should not exercise or increase your physical activity? |

Yes to one or more questions: It is strongly recommended that you have a **Medical Clearance Form** completed BEFORE you become significantly more physically active.

No to all questions: If you answered **NO** honestly to all PAR-Q questions, you can be reasonably sure that you can become more physically active. However, if you are not an active CorePhysio physical therapy client, a Medical Clearance Form will be required.

Notes:

- If your health changes so that you then answer **YES** to any of the above questions, tell personal trainer and ask whether you should change your physical activity plan.
- If you are an active physical therapy client, your physical therapist may recommend medical clearance prior to participating in an exercise program.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Participant's Signature: _____

Date: _____

Signature of Witness: _____

Date: _____

Health & Fitness Liability Waiver Informed Consent and Waiver

I, _____, have voluntarily enrolled in a fitness program offered at CORE PERFORMANCE LLC dba COREPHYSIO ("COREPHYSIO"). I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I understand and acknowledge that my participation in this program neither implies nor constitutes a physical therapy evaluation or course of treatment.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I have been advised that consultation with and examination by a physician should be obtained prior to commencing this fitness and/or exercise program, especially if this program involves a substantial change in the amount of regular physical activity I perform. If I have chosen not to consult with a physician prior to beginning this fitness program or if I have chosen not to follow my physician's recommendations, I hereby agree that I am doing so at my own risk and that I am solely responsible for my fitness results, health and safety. I understand that it is my sole responsibility to participate in exercises that are appropriate for the current status of my health. If I have any questions or concerns about whether a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my physician if this activity is appropriate before I participate in such activity. I understand that any exercise or fitness activity involves significant risks of injury, as well as abnormal changes in blood pressure, fainting, and may include risk of heart attack, stroke, other serious disability or death. I am accepting such risks and I am knowingly, willingly and voluntarily participating with a full understanding of the dangers involved.

In consideration of my participation in this program, I, _____, hereby waive, release, hold harmless and indemnify COREPHYSIO, its successors and assigns, its employees, owners, members, independent contractors and/or representatives ("Released Parties") from any and all claims, costs, liability, demands, actions, or causes of actions whether known, anticipated or unanticipated that may directly or indirectly relate or otherwise arise out of my voluntary participation in any COREPHYSIO fitness activity or program. I further accept sole financial responsibility for any injury that I may cause either to myself or to any of the Released Parties due to my negligent and/or intentional acts or omissions. I further agree to indemnify and hold harmless the Released Parties from liability for the injury or death of any person(s), including myself, and damage to property that may result from my negligent or intentional act or omission while participating in fitness activities offered by or at COREPHYSIO. This agreement, including the Release and Indemnification provisions, shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect to the maximum extent permitted by law and that it shall be construed liberally in favor of COREPHYSIO. I have had the opportunity to have this document reviewed by counsel and agree that no interpretation of this agreement shall be made based on the identity of the party that drafted it. **I have read and understood the above assumption of risk and release of liability, and I understand that signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving certain legal rights I may have to assert a claim against COREPHYSIO.**

I understand CorePhysio's cancellation policy requires notice by noon the day before my appointment and that appointments canceled or missed without notice will incur a \$50 fee that is my responsibility.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT.

Participant's Signature: _____

Date: _____

CorePhysio Personal Training Program Medical Release Form

REQUIRED for all non-CorePhysio clients & may be required for current CorePhysio clients

Your client, _____ (client's full name), wishes to start a personalized fitness program with a certified personal trainer at CorePhysio. If they are an existing client at CorePhysio, their physical therapist will be informed of their progress and able to provide directives and parameters for training that align with the client's specific rehab needs.

The activity will involve but is not limited to: fitness screening, regular cardiorespiratory activity, and regular resistance training which will elevate his/her heart rate and blood pressure.

If your patient is taking medication that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart-rate response):

Type of medication: _____

Effect: _____

Identify any other recommendations or restrictions for your patient in this exercise program:

Your client, _____ (client's full name), has my approval to begin an exercise program with the recommendations or restrictions stated above.

Printed name: _____

Date: _____

Signature: _____

Phone: _____

Thank you,

CorePhysio
1514 12th Street Suite 103
Bellingham, WA 98225
Ph: (360) 752-2673
Fax: (360) 752-0271

CorePhysio Testimonial/Photo/Video Release

I hereby authorize CorePhysio, hereafter referred to as "Company," to publish:

- ☐ Photographs/video taken of me on _____(date), and my name and likeness, for use in the Company print, online, and video-based marketing materials and educational videos, as well as other Company publications.
- ☐ Testimonial given by me for use in the Company print, online, and video-based marketing materials and educational videos, as well as other Company publications. My testimonial may be attributed with my:
 - ☐ Full name & city
 - ☐ First name and last initial & city
 - ☐ Initials only & city

I hereby release and hold harmless the Company from any reasonable expectation of privacy or confidentiality associated with the images and testimonial specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs/videos/testimonial or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos/videos/testimonial confers no rights of ownership or royalties whatsoever. I further understand that the Company may not condition my treatment, payment, enrollment, or eligibility for benefits on whether I sign this release.

I hereby release Company, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

I understand that I am entitled to receive a signed copy of this release for my records. A copy of this release shall be as valid as the original.

Authorization

Printed Name: _____

Date: _____

Signature: _____

Street Address: _____

City: _____

State: _____

Zip: _____