



# Adaptive Workouts

## CLIENT INFORMATION

Client Name \_\_\_\_\_ / \_\_\_\_\_  
first last

Title:  Dr.  Mr.  Mrs.  Ms.

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yy

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Gender:  male  female Weight \_\_\_\_\_ Height \_\_\_\_\_

## CLIENT LIFESTYLE & GOALS

Why did you decide to visit our office today? \_\_\_\_\_

How long has it been since you consistently exercised? \_\_\_\_\_

Do you play any sports on a regular basis? \_\_\_\_\_

Do you experience lower back or other pain? Are you recovering from an injury? \_\_\_\_\_

How would you describe your level of daily activity?

Light (office work),  Medium (manual labor),  Heavy (construction)

Are you (or think you are) pregnant or planning on becoming pregnant? \_\_\_\_\_

Number of hours of sleep per night? \_\_\_\_\_

What is your preferred time to exercise? 7AM 9AM 10AM 11AM 1PM 3PM 6PM 10PM

What day of the week do you prefer to exercise on? M T W T F S S

Do you have any special considerations or requests? \_\_\_\_\_

## CLIENT PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Please read the questions carefully and answer each one honestly with **YES** or **NO**. Common sense is your best guide when you answer these questions.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?.....
2. Do you feel pain in your chest when you do physical activity?.....
3. In the past month, have you had chest pain when you were not doing physical activity?.....
4. Do you lose your balance because of dizziness or do you ever lose consciousness or have seizures?.....
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?.....
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? .....
7. Do you know of any other reason why you should not do physical activity? .....

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are **past the age of 69** or if you answered **YES to one or more** questions above:

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or starting to exercise. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you **answered NO to all** the questions above:

If you answered NO honestly to all PAR-Q questions above, you can be reasonably sure that you can start becoming much more physically active – begin slowly and build up gradually. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active

## CLIENT MEDICAL HISTORY, INJURIES, PAINS, SURGERIES, CONDITIONS

Head (including headaches) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Neck \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shoulder (R, L) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Back \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Knee (R, L) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other injuries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgeries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Implanted medical devices \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chronic Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information that can impact your ability to exercise \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRIVACY POLICY

The following provides information on how Adaptive Workouts, (a “**Studio**”), manages personal information collected during the initial and ongoing client evaluations and through the training sessions.

1) Any personal information that we collect will only be used for the purpose of personal training services provided to you by the Studio. We are in compliance with the California Online Privacy Protection Act, and we are exempt from the requirements of California’s “Shine the Light” law, CA Civil Code § 1798.83, because we do not sell, share or otherwise provide your personal information to third parties for direct marketing purposes. We reserve the right to share your information in order to cooperate with law enforcement proceedings or governmental investigations, such as in response to subpoenas, search warrants, court orders, or other legal processes.

2) We may use your contact details including phone number and email address to send updates to your personal training schedule, payment reminders and receipts, as well as newsletters, marketing emails or invitations to Studio seminars or events which may be of interest to you. You may at any time opt out of receiving such optional materials by contacting us. Upon receiving your request, Studio will remove your contact details from our distribution lists.

3) We are committed to keeping secure the data you provide to us and we will take all reasonable precautions to protect your personally identifiable information from loss, misuse or alteration. However, we cannot guarantee that your personal information may not be accessed, disclosed, altered, or destroyed as a result of a breach of our commercially reasonable efforts or as a result of any other event beyond our reasonable control. Accordingly, we cannot and do not guarantee that your personal information is completely secure and safe from such risks.

This policy was last revised on **March 25, 2017**. We reserve the right, as becomes necessary, to update our privacy policy at any time without prior notice. We will notify you of the changes by posting an updated version of the policy on our website at <http://adaptiveworkouts.com>.

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In consideration of being permitted to enter any facility of Studio for any purpose including, but not limited to, observation, use of facilities, services or equipment or participation in any way, I answered above questions truthfully and honestly. I have read, understood and agreed with the foregoing Privacy Policy.

Client Signature [ \_\_\_\_\_ ] Date [ \_\_\_\_\_ ]

Witness Signature [ \_\_\_\_\_ ] Witness Name [ \_\_\_\_\_ ]