

# CLIENT PROFILE for Personal Training Assessment and Consultation

\_\_\_\_\_ **M / F**  
 Last name First name Age  
 \_\_\_\_\_  
 Height Weight  
 \_\_\_\_\_  
 Street address City Province Postal code  
 \_\_\_\_\_  
 Daytime telephone number Evening telephone number Email address  
 Personal Trainer/Assessor gender preference: **M / F** **No Preference** \_\_\_\_\_

## EMERGENCY CONTACT

\_\_\_\_\_  
 Last name First name Relationship  
 \_\_\_\_\_  
 Daytime telephone number Evening telephone number  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

– Please indicate on the table below your specific day/time appointment preferences.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Morning • 7am-11am</b>							
<b>Midday • 11am-4pm</b>							
<b>Early evening • 4pm-7pm</b>							
<b>Late Evening • 7pm-11pm</b>							

# CLIENT SURVEY for Personal Training Assessment and Consultation

## HEALTH

1. Please describe your current fitness level: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

If your physical activity participation is minimal (less than once per week, once or twice per month or rarely) what are the reasons?

lack of interest \_\_\_\_ lack of facilities \_\_\_\_ lack of time \_\_\_\_ injury \_\_\_\_

poor health \_\_\_\_ other \_\_\_\_\_

2. Describe your present state of health: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

3. Are you pregnant? No \_\_\_\_ Yes \_\_\_\_ If yes, how many weeks? \_\_\_\_\_

4. Have you injured or do you have pain in any parts of your body? If so, please check all that apply:

Neck \_\_\_\_ Upper back \_\_\_\_ Shoulders \_\_\_\_ Elbows \_\_\_\_ Wrists \_\_\_\_

Lower back \_\_\_\_ Hips \_\_\_\_ Knees \_\_\_\_ Ankles \_\_\_\_

If yes, please indicate the nature of your injury or pain

\_\_\_\_\_

\_\_\_\_\_

5. Have you suffered any major injuries or illness? No \_\_\_\_ Yes \_\_\_\_

If yes, please indicate the nature of the illness or injury:

\_\_\_\_\_

How long ago? \_\_\_\_\_

Current limitations \_\_\_\_\_

6. Have you had any major operations or surgery? No \_\_\_\_ Yes \_\_\_\_

If yes, when and what was the procedure? \_\_\_\_\_

7. Are you receiving treatment from any of the following?

Physiotherapist \_\_\_\_ Chiropractor \_\_\_\_ Massage Therapist \_\_\_\_ Other \_\_\_\_

If yes, why? \_\_\_\_\_

8. Do you take prescription or non-prescription medication on a regular basis or with high frequency?

No \_\_\_\_ Yes \_\_\_\_ If yes, please specify:

Medication	Dosage	Health Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL TRAINING**

9. Have you had a fitness assessment before? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

10. Have you worked with weights before? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

11. What would you like to accomplish through your personal training sessions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How often do you plan to work out per week? \_\_\_\_\_

13. What are your expectations with regard to your trainer and the trainer-client relationship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How many personal training sessions do you anticipate purchasing?

One \_\_\_\_\_ Three \_\_\_\_\_ Six \_\_\_\_\_ Twelve \_\_\_\_\_ Twenty Four \_\_\_\_\_

15. How did you hear about U of T personal training program?

AC guide \_\_\_\_\_ family/friend \_\_\_\_\_ bulletin boards \_\_\_\_\_ brochure \_\_\_\_\_

publication \_\_\_\_\_ website \_\_\_\_\_ other \_\_\_\_\_

The information collected here will remain confidential. Thank you for your time.

**Please complete the attached Informed Consent Agreement and if you answered “YES” to at least one of the PAR-Q + questions, you will need to complete a PARmed-x with your doctor and submit it with the application.**

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**For Office Use Only:**

Assigned Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMED CONSENT AGREEMENT

### PRIVACY NOTICE

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### INFORMED CONSENT AGREEMENT

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both. I understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby WARRANT I am physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or THE FACULTY OF KINESIOLOGY AND PHYSICAL EDUCATION AT THE UNIVERSITY OF TORONTO shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees or agents while acting within the scope of their duties. I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf.

SIGNATURE \_\_\_\_\_

I am interested in being a potential research participant at the University of Toronto. I give consent to disclose personal information including my name, age, gender, phone number and/or email. I understand that I may be contacted regarding a specific study and have the option of declining at that time.

I give my consent to be a potential research participant as indicated above for the Faculty of Kinesiology and Physical Education. Yes  No



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