REDEFINE
fitness

ONLINE TRAINING PROGRAM APPLICATION

Name: Date:

Email: Phone:

Sex: Age: Height: Weight:

Physicians Name:

Have you participated in an organized exercise training program in the past? Yes No

Do you currently exercise (weight training or cardio training)? Yes No

If yes, how many times per week?

Have you ever had a personal trainer before? Yes No

If yes, explain:

Medical/Surgical History:

Do you have any medical conditions or injuries which may interfere with or influence your ability to exercise? Yes No

If yes, please explain:

Are you currently taking any medication: Yes No

If yes, what kind:

Do you smoke, drink, or take any recreational drugs?

If yes, how often:

Cardiac History:

Have you ever had a heart attack or stroke in the past? Yes No

Are you currently taking any medications for your heart? Yes No

Have you ever had any stents, surgeries, or procedures on your heart? Yes No

Do you have chest pain during exertion/activity? Yes No

If yes, do you have medical clearance to engage in physical activity?

*All clients are recommended to get medical clearance for an exercise/training program. If you answered "yes" to any of the above questions, please obtain *written medical clearance* from a primary care physician prior to engaging in any fitness or training.

Any family history of cardiac issues? Yes No

If yes, explain:

Occupational Questions:

Does your occupation require extended periods of sitting? Yes No

Does your occupation require extended periods of repetitive movements? Yes No

Does your occupation cause severe mental stress? Yes No

General Questions:

Do you partake in any recreational activities? Yes No

If yes, explain:

Roughly, how many hours of sleep do you get a night?

How many ounces of water do you drink a day?

How many times a week do you go out to eat?

Do you currently take any supplements? Yes No

If yes, what kinds:

Have you ever partaken in any diets before? Yes No

If yes, has it worked and why did you stop:

How many glasses of soda/juice do you drink a week?

Do you have any food allergies or intolerances?

Do you prefer batch preparing for the week or making meals as you go?

Are you okay with repeating the same meal a few times per week?

Please select all that apply

a YES, makes my life easier

b I don't mind it if it's for breakfast and lunches, but not dinner

c I dislike repeating any meals throughout the week

What types of breakfast do you typically go for? (i.e. eggs, oatmeal, cereals, etc.)

What types of lunches do you typically go for? (i.e. salads, soups, sandwiches, etc.)

What types of dinners do you typically go for? (i.e. chicken, fish, vegetarian etc.)

What's your cooking skill level?

Please select all that apply

a Beginner

b Intermediate

c Advanced

How many (if any) individuals will be eating meals with you and which meals? Please provide more specific information such as their name, height, weight, activity level

Are there any foods you dislike? (i.e. brussels sprouts, melons, brown rice, etc.)

What cooking appliances do you have? (i.e. blender, slow cooker, etc.)

How many minutes would you like to dedicate daily on cooking?

Please select all that apply

a 15 or less

b 30 or less

c 60 or less

d Time is not an issue for me as long as it's yummy!

What are you looking to get out of this program?

What is your long term goal?

Three Month Goal?

One Month Goal?

We take fitness and wellness to heart at Redefine Fitness, so if all the above information is correct to the best of your knowledge.In consideration for being allowed to participate in this Activity, I release from liability and waive my right to sue Redefine Fitness LLC, their employees, officers, volunteers and agents from any and all claims, including claims of negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this Activity, travel to and from the Activity, or any events incidental to this Activity

Sign: **Date:**