



Train Smart Method

Client Information: please complete the following form to help us get to know you better

Name: _____ Date: _____ DOB: _____ Gender: M or F

Street Address: _____ Occupation: _____

City, State, Zip: _____

Home Ph: (____) _____ Cell Ph: (____) _____ Email Address: _____

Emergency Contact: _____ Phone: (____) _____

Referred by: _____ Primary MD: _____

Circle everything below which pertains to you now or in the past:

1. history of heart problems, chest pain or stroke
2. Increased blood pressure
3. Cigarette smoking habit
4. Increased blood cholesterol
5. Any chronic illness or condition - please note here _____
6. History of breathing or lung problems
7. Diabetes or thyroid condition
8. No. of Children: ____ If female with children, epidural, no meds or C-section? _____

List all medications you are currently taking:

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

List all supplements you are currently taking:

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

What is your daily Water Intake? ____ (8 oz. glasses)

What is your daily Caffeine Intake (tea, soda, coffee, Monster, etc)? ____ (cup, cans)

How many hours do you Sleep at night? ____ hours

List any known / suspected food allergies or sensitivities _____

List any difficulties with Digestion: _____

List your history of Injuries and/or car accidents:



By Age:	0-10 yrs	11-15 yrs	16-20 yrs	21-30 yrs	31-40 yrs	41-50 yrs	51-60 yrs	61-70 yrs	71-80 yrs
Head									
Neck									
Shoulders									
Upper Arm									
Elbow/Forearm/ Wrist/Hand/ Fingers									
Upper Back									
Middle Back									
Low Back									
Ribs									
Abdomen									
Hips/Pelvis									
Knees									
Ankles									
Feet/Toes									



List & date your history of Surgeries:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

List Diagnosed Diseases:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

List your *current* physical discomforts:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

What, if any treatments, have you had for this current problem?

Did they help? Yes _____ No _____

What, in particular, makes your pain worse.

What, if anything, eases the pain? _____

Can you get comfortable at night? Yes _____ No _____

How do you feel upon rising? Stiff _____ Sore _____ Fine _____

Once you start moving about? Worse _____ Better _____

What is it like at the end of the day? Worse _____ Better _____

At this time, do you consider you are getting Better _____, Worse _____, or stable _____ ?

Please rate your ability to perform the following activities:

1- NOT limited 2- Can do with some difficulty 3 – can do with significant difficulty 4 – can NOT do at all

Sleeping _____ Dressing _____ Sitting _____ Standing _____ Walking _____ Housework _____

Driving _____ Stairs _____ Sporting Activities _____

Do you wear Orthotics? _____ If yes, how long? _____

What sports did you enjoy growing up? _____

What (fitness-related) activities do you enjoy now? _____



On a scale of 1-10, list the level of stress you experience:

- a. ____ Work
- b. ____ Financial
- c. ____ Relationships
- d. ____ Home

When was your last physical examination with a doctor? _____

Have you ever had an exercise stress test? _____ When? _____

What specific health or fitness goals do you hope to achieve from this program?

Waiver & Release of Liability (legal representative/client)

In agreeing to receive session(s) provided by Adrian Van der Walt, dba Train Smart Method - Muscle Activation Techniques San Diego, and to use the facilities and equipment provided therefore by Adrian Van der Walt dba Train Smart Method - Muscle Activation Techniques San Diego,, I agree as follows:

I acknowledge that participation in Muscle Activation Techniques, Personal Training or any other exercise class and the equipment exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Adrian Van der Walt, dba Train Smart Method - Muscle Activation Techniques San Diego, and / or any other persons who may teach at Train Smart Method - Muscle Activation Techniques San Diego, from any and all liability, negligence, or other claims, arising from, or in any way connected, with my participation in Muscle Activation Techniques, Pilates and any other exercise and it's equipment. ____ (please initial)

Participation in Muscle Activation Techniques & Personal Training includes, but is not limited to, participation in meditation techniques, breathing techniques, and performing various corrective exercises. Exercises are designed to integrate every part of the body - stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nervous system. ____ (please initial)

Muscle Activation Techniques & Personal Training are individual experiences. I understand that in Pilates, and in any other exercise class, I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations, communicate with the instructor and I will rest before continuing Personal Training or any other exercise. ____ (please initial)

Muscle Activation Techniques (MAT) is a bodywork technique using a systematic approach to identify and treat muscular imbalances that relate to injury. MAT is designed to find and correct the positions of instability. The focus of the evaluation procedure is based upon the understanding that the body will protect itself when it recognizes instability by tightening muscles as a protective measure to joint instability. The end result is that we are increasing joint motion and making sure that there is increased stability through that range of motion. MAT is NOT physical therapy or chiropractic work. ____ (please initial)

I further attest that I am in sufficient physical health, that I have consulted with a physician and I am able to undertake and engage in the physical movements & exercises that I have chosen to take at Train Smart Method - Muscle Activation Techniques San Diego. ____ (please initial)

I assume responsibility to update Adrian Van der Walt of any changes in my medical condition that might affect my safety or participation in any participation in Train Smart Method - Muscle Activation Techniques San Diego. If I am pregnant, or become pregnant, or am post-natal, I am participating in MAT or Personal Training, or any other exercise classes, with my doctor's full approval. I realize that I am participating in MAT or Personal Training, or any other exercise classes, at my own risk. ____ (please initial)

I understand that Muscle Activation Techniques can be taxing on the nervous system, that Personal Fitness Training, and any other exercise program can be physically intensive, and I voluntarily assume the risk inherent in my participation, including the risk of injury, accident, death, loss, cost or damage to my person or property. I release and Adrian Van der Walt dba Train Smart Method - Muscle Activation Techniques San Diego, from, and against, any and all such claims and liabilities, including attorneys' fees. ____ (please initial)

I acknowledge that I shall not now, or at any time in the future, bring any legal action against Adrian Van der Walt dba Train Smart Method - Muscle Activation Techniques San Diego, and /or any other persons who may teach at Train Smart Method - Muscle Activation Techniques San Diego; and that this waiver is voluntarily binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. ____ (please initial)

I, the undersigned, do hereby grant permission to Train Smart Method - Muscle Activation Techniques San Diego/Adrian Van der Walt to post my and/or my child's story, photo, or other item, hereinafter referred to as "Materials," I submit to and for The Train Smart Web site, Instagram (@TrainSmartsd), Twitter account (@TrainSmartsd), and Facebook account (facebook.com/Trainsmartsd). ____ (please initial)

I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. ____ (please initial)

Cancellation Policy: I understand that if I cancel a scheduled appointment with less than **24 hours notice** I will be responsible for payment in full. Payment is per session. _____ (Please initial)

My signature is binding to this liability waiver from this day forth.

(Date)

(Signature)

(Print Name)



I F UNDER 18 YEARS OF AGE

As legal guardian of _____, I/we consent to the above conditions.

Signature of Guardian: _____
