



# Personal Training Health History & Intake Form

Please answer each question by printing.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male  Female  Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

*Person to Contact in Case of an Emergency*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note:** To assist you in developing a rewarding physical fitness program, we need to have your honest and accurate responses

## General Medical History & Information

**Are you under the care of a physician, chiropractor, or other health care professional for any reason?**

If yes, list reason: \_\_\_\_\_

\_\_\_\_\_

**Are you aware of any disease or disorder that would complicate your participation in an exercise program?**

\_\_\_\_\_

**Are you taking any medications? If yes, please indicate the type of medication.**

\_\_\_\_\_

**Are you unaccustomed to vigorous exercise?** \_\_\_\_\_

**Have you recently experienced any chest pain associated with either exercise or stress?**

If so, please explain \_\_\_\_\_

**Do you have a family history of cardiovascular disease?** \_\_\_\_\_

Are you a smoker? If so, what is your smoking frequency? \_\_\_\_\_

Are you on any specific food / nutritional plan at this time? \_\_\_\_\_

Do you take dietary supplements? If yes, please list \_\_\_\_\_

\_\_\_\_\_

**Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, or general discomfort:**

Head / Neck \_\_\_\_\_

Upper Back \_\_\_\_\_

Shoulder / Clavicle \_\_\_\_\_

Arm / Elbow \_\_\_\_\_

Wrist / Hand \_\_\_\_\_

Lower Back \_\_\_\_\_

Hip / Pelvis \_\_\_\_\_

Thigh / Knee \_\_\_\_\_

Lower Leg / Ankle / Foot \_\_\_\_\_

**Your answers to these questions will be discussed with you prior to your session. Thank you.**

**Please take a moment to carefully read the following information and sign where indicated.**

I understand that the purpose of the personal training program at ProHealth24 is to provide exercise instruction and guidance. I further understand that personal trainers are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, or provide nutritional planning. I understand that nothing said in the course of the session(s) should be considered as such. I should see a physician, chiropractor, registered dietitian, or other qualified medical specialist for any nutritional concerns, or mental or physical ailment that I am or become aware of. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep my personal trainer updated on any changes in my medical profile, and I understand that there shall not be a liability on the personal trainer's part should I forget to do so. I understand that I have enrolled in a personalized health and fitness program offered by my personal trainer. 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 affirm that I am in good physical condition and do not suffer from any known disability or condition that would prevent or limit my participation in an exercise program. I understand it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to any physical activity or diet so I am aware of what is appropriate for me. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician. I acknowledge that my enrollment, and subsequent participation, is voluntary and in no way mandated by my personal trainer or any other staff member or manager. I realize that I have the option to discontinue any activity at my discretion. I also realize that all information obtained about myself through this program will be kept in strict confidence within the Personal Training program. In consideration of my participation in the program, I release my trainer or any affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment in the provided personal training services. I fully understand that I may injure myself as a result of my enrollment and participation in this program and I release my personal trainer and/or their affiliates from any liability now or in the future for conditions I may obtain. These conditions include but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, heat exhaustion, or any other illness or soreness that I may incur, including death. BY SIGNING BELOW I AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent for minors is required before the first session**

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name of Guardian \_\_\_\_\_

Phone number where Guardian can be reached in case of  
Emergency \_\_\_\_\_

# PERSONAL TRAINING AGREEMENT

Our Personal Trainers provide their clients with expert guidance, personalized plans, and accountability. They make the most of time spent at the gym, help set realistic goals, keep track of progress, create, and adjust personalized plans to meet their client's goals, fitness levels, and experience.

## Client/Personal Trainer Agreement

This agreement ensures the role of the trainer to the client and client to trainer is appreciated and understood. **This agreement must be signed before scheduling training sessions.**

To keep the personal training program running smoothly, we would like to outline the following **client responsibilities:**

1. Training sessions must be paid in full at the time of scheduling. Sessions may be purchased as a single session or a package of sessions. The Client may not participate in training sessions without payment before the scheduled session or with an overdue account.
2. Package sessions paid in advance must be used within 90 days of purchase. Sessions unused after 90 days will be considered expired unless an agreement has been made between the Personal Trainer and the Client.
3. If the client is late, the session will only last until the end of the scheduled half-hour or hour session.
4. Any tardiness of more than ten minutes or an absence without prior notification will result in the loss of the session.
5. If a session needs to be canceled for any reason other than an emergency or illness, a 24-hour notice must be given to the Personal Trainer. Failure to do so will result in the Client forfeiting the session and no payment reimbursement will be granted.
6. No refunds will be granted, except for medical reasons, which must be endorsed by your physician.
7. It is recommended you bring a water bottle to every session.
8. If you have any questions, feel free to contact the Front Desk or the Lead Instructor at 336-783-0399

## Personal Trainer Responsibilities

1. A Personal Trainer will provide the Client with the education, guidance, and individual instruction required to achieve their personal fitness goals.
2. The Personal Trainer will design a safe, effective exercise program on an individual basis that reflects the client's goals, fitness levels, and experience.
3. If the trainer is late for a session, that time is owed to the Client at no additional charge.
4. The trainer will maintain an open line of communication throughout service.
5. If there is a problem with a Personal Trainer's customer service, the client should contact the Front Desk or Lead Instructor at 336-783-0399 or [info@prohealth24ma.com](mailto:info@prohealth24ma.com)

By signing this agreement you indicate that you understand YOUR roles and will do your part to ensure the best results for the goals set.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Trainer Preference (see back of page for available Trainers)

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

## Availability

Which days and times work best for your training?

(we try to match you with a trainer whose schedule closely matches yours)

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Goals and Objectives: \_\_\_\_\_

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Please list any questions, comments, or concerns you may have: \_\_\_\_\_

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## PERSONAL TRAINERS

**Corey Valentine** – Corey Valentine was born and raised in Mount Airy, NC, and loves to serve the community that helped build him. Corey received his personal trainer certification through IFTA. He has been involved with programs for teens in fitness, and weight loss challenges, coached youth basketball, coached MA High School track, and volunteers with 5K's. Corey is trained to help with all fitness levels whether it's beginning or advanced, if your goal is to lose weight or build muscle, Corey is the guy for you! He loves to see his clients exceed their personal goals.

**Mandy Martin** – As a personal trainer and fitness instructor with over 15 years of experience, Mandy focuses on fat loss and strength building through rest-based training. Offering only 30-minute sessions, Mandy's ideal client is someone who is looking to take their fitness to the next level and "work smarter, not harder"

**Rachael Williams** – Rachael is a NASM Certified Personal Trainer, SilverSneakers Instructor, and Yoga Instructor. With over 10 years of experience, her interests have been varied but they all boil down to the ability to move and move well. Rachael believes in the importance of feeling strong, mobile, and confident in your body so you can pursue your passions, tackle your challenges, and enjoy your life to the fullest. She specializes in strength training, mobility, senior fitness, and corrective exercise.

**Sandra King** – Sandra King has worked as a personal trainer for 24 years and as a fitness instructor for 30 years with numerous certifications. Her specialties range from BootCamp, kickboxing, Circuit/Interval Training, Zumba, Schwinn Indoor Cycling, yoga, step-aerobics, Stability ball, and Nautilus Strength Training. She also specializes in Senior/Adult Fitness and Strength Training.

**Dasia Lambert** – Dasia is a Certified Strength and Conditioning Coach by the NSCA, and has a Bachelors in Exercise Science. As a former collegiate basketball player, she would love to work with other athletes who are looking to enhance their performance, as well as anyone seeking to improve their overall physical health. She works with all levels of fitness, from beginners to advanced and would love to help everyone reach their fitness goals.

### **PERSONAL TRAINING PACKAGES**

½ Hour Sessions----- \$30.00 each  
1 Hour Session-----\$40.00 each

4 - ½ Hour Sessions----\$120.00  
8 - ½ Hour Sessions---- \$230.00  
12 - ½ Hour Sessions----\$330.00  
20 - ½ Hour Sessions----\$520.00

4 - 1 Hour Sessions----\$160.00  
8 - 1 Hour Sessions----\$310.00  
12 - 1 Hour Sessions----\$450.00  
20 - 1 Hour Sessions----\$720.00