



## Client Consultation Packet

<b>Last Name:</b>	<b>First Name:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Phone #: Home:</b>	<b>Phone # Cell:</b>
<b>Email:</b>	<b>How did you hear about us?</b>
<b>Emergency Contact:</b>	<b>Emergency Contact's #:</b>
<b>Relationship:</b>	
<b>Birthdate:</b>	<b>Age:</b>
<b>Doctor's Name:</b>	<b>Clinic Name and Number:</b>
<b>Special Instructions for In-home Training (Gate #):</b>	

### Health History

Please choose either yes or no, for any yes answers please explain below in the space provided for further explanations.

### Past Health History

Have you ever had?	YES	NO
High Blood Pressure		
Any Heart Trouble?		
Disease of the Arteries		
Lung Disease		
Asthma		
Hepatitis		
Diabetes Type 1 or 2		
Arthritis		
Heart Murmur		
Explain any YES from above:		

### Present Health Symptoms

Do you have?	YES	NO
Chest Pain/Discomfort		
Shortness of Breath		
Heart Palpitations		
Irregular Heart beats		
Frequent Headaches		
Dizzy Spells		
Frequent Colds/Allergies		
Back Pain		
Orthopedic Problems		
Explain any YES from above:		



Please list any recent hospitalizations or surgeries and date of procedures:

Musculoskeletal Injuries or recent problems to be aware of:

Are you taking any prescription or non-prescription medications:  
What? How long? For what?

Any other medical problems or concerns not yet addressed that we need to be aware of:

## Lifestyle and Activity Questionnaire

Questions concerning your lifestyle and your past and current activity level	YES	NO
<b>1. Do you smoke? If No, skip to question 2.</b>		
How long have you been smoking?		
If Yes, how much per day?		
If Yes, have you ever tried to quit?		
When?		
How long did you quit for?		
<b>2. Do you drink Alcohol?</b>		
If yes, in any given week how many do you have?		
Beer (bottles/cans):	Wine (glasses):	Liquor (drinks):
<b>3. Do you drink caffeinated beverages?</b>		
If YES, in any given day how many do you have?		
Coffee:	Tea:	Soda:
<b>4. Nutrition:</b> Are you on any kind of Dietary Restriction or follow a Specific Diet?		
Have you lost any weight on the current diet, how much?		







## **Soul Fit Personal Training and Fascia Blasting, LLC AGREEMENT, WAIVER AND LIABILITY**

### **Training And Blasting Program Information: Please Read Carefully Before Signing.**

Soul Fit Personal Training and Fascia Blasting is committed to excellence in Personal Training and Fascia Blasting. Our goal is your complete satisfaction. The terms and conditions of our program are listed below. If you have any questions or concerns about our program please discuss them with Amanda Arnold, owner of Soul Fit Personal Training and Fascia Blasting, LLC .

1. Refunds will be issued for extenuating circumstances only.
2. For your convenience, payment can be made in the form of cash, credit card (Visa, MasterCard, Discover, and American Express) money order, or personal check. Soul Fit Personal Training does not honor payment plans. Package(s) must be paid in full before training starts. Please make checks and money orders payable to: **Soul Fit Personal Training**.
3. I understand that the program is voluntary and that a Personal Trainer/Fascia Blaster will develop and guide me through my exercise program or blasting sessions. I will be required to undergo an initial fitness assessment/postural assessment to assess my present level of fitness and or posture. I represent that I will complete the Lifestyle Questionnaire and health history forms accurately and completely including disclosure of any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. \_\_\_\_\_INT
4. During the program if my medications, condition, or medical limitations should change, I will notify the Trainer. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so I am aware of what is appropriate for me.
5. 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. \_\_\_\_\_INT
6. I understand that a Personal Trainer/fascia blaster will review my Lifestyle Questionnaire and health history forms but that a Personal Trainer is not a physician and cannot replace the advice and expertise of a physician.
7. I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform the trainer/blaster of any symptoms such as fatigue, shortness of breath or chest discomfort. \_\_\_\_\_INT
8. I realize that participation in the program including but not limited to exercising, use of exercise equipment and strenuous exertion (strength training, cardio exercise) all of which increase heart rate and body temperature.
9. I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program. \_\_\_\_\_INT
10. I understand that in order to achieve the most out this program I must commit no less than 100% of my efforts to Soul Fit Personal Training and the associating In-home Trainer through exercise and healthy eating. \_\_\_\_\_INT
11. If you are unable to attend a scheduled training session, you must cancel or reschedule at least 24 hours in advance (48 hours for Fascia Blasting); failure to provide 24-hour (48-hour for Fascia Blasting) notice will result in full payment/deduction of the missed session. \_\_\_\_\_INT.
12. Rescheduling sessions will be accommodated if possible; however, it is very important for the



client to maintain a consistent schedule.

- 13. Please allow a 48-hour advance notice when scheduling (online or in person). This will allow for consistency with your training. We reserve the right to reschedule an appointment scheduled with less than a 24-hour notice. \_\_\_\_\_INT
- 14. Should you not be home during our scheduled session, you will receive only the remaining time unless prior arrangements have been made with the manager of training. We reserve the right to late cancel (charge) your session and leave your home if you arrive more than twenty minutes past the onset (without previous arrangement or phone call/text etc.) of your appointment. \_\_\_\_\_INT
- 15. If for any circumstance that we are running more than fifteen minutes late from our scheduled appointment you will receive a complimentary session on our behalf.
- 16. We ask that you are at home and available for us to arrive and leave 5-10 minutes before and after each session in order to carry in/out and set up/breakdown all equipment for our training session. \_\_\_\_\_INT
- 17. You will be notified at least 14 days in advanced if your trainer will be going out of town for more than 3 days and you will have the opportunity to train with another trainer at that time or schedule your training sessions in the studio during the absence of your current in-home trainer.
- 18. We are not liable for any promotional off-site services(s).
- 19. This agreement supersedes any other training agreement previously signed.

**RELEASE OF RESPONSIBILITY**

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation. **I AGREE AND UNDERSTAND. INITIAL HERE \_\_\_\_\_.**

I do hereby waive, release and forever discharge Soul Fit Personal Training, LLC ("Company") from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to exercise, personal training or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above.

**I AGREE AND UNDERSTAND. INITIAL HERE \_\_\_\_\_.**

I certify that I have read, understand, and agree to the terms and conditions of the Training program, responsibility and liabilities listed above. Persons under 18 years of age must have parental consent to participate.

\_\_\_\_\_  
Participant's Signature Date: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Date: \_\_\_\_\_