Timms Community Centre, 20399 Douglas Crescent, Langley, BC Canada V3A 4B3
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TIMMS COMMUNITY CENTRE

PERSONAL TRAINING PACKAGE

This questionnaire will give your personal trainer the information they will need to design your program. Please provide as much information as possible.

Once you have read and completed this form, return it to Timms Community Centre and register for the package that best meets your needs. This form will be forwarded to our Personal Training Supervisor. You will be contacted by the Trainer to arrange a time for your session(s).

Cancellation Policy: 24 hour notice is required to make changes to the day or time of your appointment. Appointments changed or cancelled with less than 24 hour notice will not be available for rebooking or refund. Please call Timms Community Centre to inform us of any changes at 604-514-2940.

Name: _____

Age: _____ Height: _____ Weight: _____

Phone Number(s): home _____ cell _____

Best Times to Call:_____

Email: _____

Emergency Contact: _____ Phone # _____

Please check the program you are requesting:

Individual sessions:

☐ 3 x one hour sessions ☐ 5 x 1 hour sessions ☐ 10 x 1 hours sessions

Tandem (with another person):

☐ 3 x one hour sessions ☐ 5 x 1 hour sessions ☐ 10 x 1 hours sessions

☐Teen Fit Program

What are your goals for this program?

☐Improve Cardiovascular Fitness
☐Improve Body Composition/Weight
☐Improve Flexibility
☐Improve a Specific Skill
☐Improve Muscular Endurance
☐Improve Muscular Strength
☐Injury Prevention
☐Other – please explain **:**

_____

_____

_____

Is there a specific Trainer at Timms Community Centre that you would like to request?

_____

Please indicate the days and times would be best for you to work with a trainer?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.

How would you best describe your lifestyle: active ☐ inactive ☐

How many days per week do you normally spend at least 20 minutes in moderate to strenuous exercise? (Circle one) 1 2 3 4 5 6 7 days per week

What is your occupation: _____ Do you sit or stand? _____

How many meals do you eat daily? _____ Do you snack? _____

Are you on a specific diet? Please Describe:

_____

Do you take vitamins or supplements? Please Describe:

_____

Which of the following best describes your experience with tobacco?

☐ I have never smoked ☐ I currently smoke_____ packs/day

☐ I stopped smoking _____ days/months/years ago

Date of last Medical Physical Exam: (year) _____

How often have you had the following? (write the number which applies)

5 = Very Often 4 = Often 2 = Infrequently 2 = Rarely 1 = Never

____Chest Pain	____Swollen Joints	____Arm or Shoulder Pain
____Low Back Pain	____Feel Faint	____Dizziness
____Leg Pain	____Loss of Breath	____Heart Palpitation
____Muscle or Tendon Injury	____Nausea or Acid Reflux	____Numbness or Cramps

Please check if you have had/experienced any of the following:

☐ High Blood Pressure	☐ Back Injuries	☐ Disease of Arteries
☐ Multiple Sclerosis	☐ Epilepsy	☐ Arthritis
☐ Heart Trouble	☐ Diabetes	☐ Asthma
☐ Osteoporosis/Osteoarthritis	☐ Varicose Veins	☐ Lung Disease

Do you carry a ventilator with you? _____ Are you pregnant? _____

Do you carry any medication with you (i.e. nitro, epi-pen) ? _____

Have you had surgery in the past year? _____ (Check those that apply)

❑Back ❑Ears ❑Eyes ❑Heart ❑Hernia
❑Joint ❑Kidney ❑Neck Other _____

Have you ever noticed or been told that you have an irregular heartbeat? _____

Do you have any allergies?
Please Describe:

_____
_____

Are you currently taking any prescription medications?
Please Describe:

_____
_____

Have you had physiotherapy, chiropractic or re-habilitation for an injury or chronic condition?
Please Describe:

_____
_____

Please advise of any health issues not already mentioned that should be considered prior to starting a weight training/fitness program or reason that you should not be physically active:

_____
_____
_____

Is there anything else you think your Personal Trainer should know?

_____
_____