



## Virginia Tech Recreational Sports

**OFFICE**

142 McComas Hall  
Blacksburg, VA 24061

**PHONE**

540-231-9858

**FAX**

540-231-6273

**EMAIL**

fitness@vt.edu

**WEB**

www.recports.vt.edu

### PERSONAL TRAINING CLIENT PACKET

## Welcome to Virginia Tech Personal Training

For the success of your training, this packet is required for all participants. Please complete each form honestly and in its entirety. Inside this packet you will find the following:

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## Personal Training Contract

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

Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing to participate in the personal training program at Virginia Tech. Our trainers will use the information in this packet to formulate a program that is effective and well suited to fit your needs. This packet contains the Personal Training Contract, Client Confidentiality Form, Health History Form, PAR-Q, and SMART Goal Setting form. Please answer each question honestly and thoroughly.

Please understand that the success of your training program is dependent upon your adherence to the trainer's exercise recommendations. Your \_\_\_\_\_ session package will be catered to help you achieve your fitness goals. The first session will be a fitness assessment scheduled with your assigned personal trainer. If you have any unexpected scheduling conflicts throughout your training experience, it is your responsibility to notify your trainer at least 24 hours beforehand. Trainers are also required to provide the same notification. Failure of notification results in forfeit of that session.

We hope you find that your sessions are well organized and informative. If you have any questions or comments about our personal training program, please contact the Fitness Administration at [fitness@vt.edu](mailto:fitness@vt.edu).



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### Confidentiality of Client Information

Both parties, Trainer and Client, agree to adhere to the following policies of the Department of Recreational Sports.

I agree to:

- To discuss confidential information only on a “need to know” basis
- To discuss confidential information behind closed doors, not within the hearing of other persons who do not have the right to receive the information.
- To protect the confidentiality of any medical, proprietary or other confidential information, which is disclosed to me in the course of my relationship with Virginia Tech.
- To keep all client files in the McComas Hall Personal Training Office or Fitness Assessment Center behind locked doors.
- To keep the Personal Training and FAC Office doors locked when not in use.
- To follow the labeling system of the first three letters of the last name followed by the first letter of the first name.
- To follow safe computing guidelines. For example, not sending confidential information via email.
- To not leave confidential information out in a shared work station.
- To document all educational information that was distributed to my client.

\_\_\_\_\_  
Signature (Client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Trainer)

\_\_\_\_\_  
Date



## Virginia Tech Recreational Sports

### Health History

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

Age: \_\_\_\_\_

Gender: Male ☐

Female ☐

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

E-mail: \_\_\_\_\_

Person to contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Exercise Habits

1. In the past 6 months, how often have you engaged in physical activity?

- ☐ Regularly (3-4 times/week)
- ☐ Semi regularly (1-2 times/week)
- ☐ Sporadically (1-2 times/month)

2. Please explain your current exercise regime or activities performed in the past:

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3. Please list any cardiovascular activities that you enjoy:

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4. Please list any strength training exercises that you enjoy:

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5. What are your personal barriers for not exercising or sticking to a program?

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6. How much time do you plan on spending on your workout program?

\_\_\_\_\_ minutes/day      \_\_\_\_\_ days/week



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## Health History

### Exercise Goals

1. Why have you decided to begin or improve your exercise program?

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2. Why have you decided to hire a personal trainer?

- ☐ Need motivation and accountability
- ☐ Improve physical fitness
- ☐ Weight loss/management
- ☐ Improve strength
- ☐ Post rehabilitation training
- ☐ Boredom with current workout
- ☐ Want to learn more about fitness
- ☐ Other: \_\_\_\_\_

3. Specifically describe what you would like to accomplish in your personal training sessions.

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4. Specifically describe what you would like to accomplish through your fitness program during the next

a. 1 month:

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b. Semester:

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c. Academic year:

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5. How likely are you to exercise when you are not with your trainer?  
Scale of 1 to 5 (1 = not likely, 5 = very likely) \_\_\_\_\_



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## Health History

### Medical History

#### Family History

Please indicate if any immediate family member has or had any of the following:

MEDICAL CONDITION	MOM	DAD	COMMENTS
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	

#### Personal History

##### Tobacco Use

###### Cigarettes

- ☐ Never  
☐ Current: packs/day \_\_\_\_\_  
no. of years \_\_\_\_\_  
☐ Quit: Date \_\_\_\_\_

###### Other Tobacco

- ☐ Pipe  
☐ Cigar  
☐ Snuff  
☐ Chew

##### Alcohol Use

Do you drink alcohol?

- ☐ No  
☐ Yes: no. of drinks/week \_\_\_\_\_



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## Health History

Are you taking any medications or drugs? If so, please list medication, dose, and reason.\*

MEDICATION	DOSAGE	FREQUENCY	PURPOSE	REACTION WITH EXERCISE NOTES

Known Allergies (Environmental, Medications, Food, Etc.)\*

ALLERGENS	REACTION TO ALLERGENS

\*If there are any changes throughout your training experience please inform your trainer.

CONDITION	YES	NO	NOT SURE	COMMENTS
CONSTITUTIONAL				
Unexplained weight loss or gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Change in appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR				
Chest pain or pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leg pain with exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rapid or irregular heart beat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MUSCULO-SKELETAL				
Chronic joint or muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bone joint or muscular injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis or rheumatic condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bursitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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CONDITION	YES	NO	NOT SURE	COMMENTS
NEUROLOGICAL				
Persistent headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting, dizziness, or light headedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hypoglycemia/low blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy (now or within last 3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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## The Physical Activity Readiness Questionnaire PAR-Q

Regular fitness activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. Complete the seven questions in the box below to specify if you need medical clearance from your physician before starting exercise.

Please read the questions carefully and answer honestly: Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

If you answered **YES** to one or more questions:

- Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES to.
- Have your physician fill out the VT Medical Release Form providing as much information about contradictions, restrictions, and advice for your exercise program.

If you answered **NO** honestly to all PAR-Q questions:

- Start becoming more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Sign up for a fitness assessment to learn about your current fitness levels and to assist in goal setting.



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## The Physical Activity Readiness Questionnaire

### PAR-Q

*Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, Virginia Tech's Department of Recreational Sports, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

---

Name

---

Signature

---

Date

---

Signature of Parent or Guardian  
(for participants under the age 18)

---

Witness

*c Canadian Society for Exercise Physiology*



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## SMART Goal Setting

Goal setting is important when designing and monitoring an exercise program. Setting specific, measurable, attainable, relevant, timely goals will be something you and your trainer will do together in order to assure that you get the most out of each session. When choosing goals they should be **S.M.A.R.T.**

Specific  
Measurable  
Attainable  
Relevant  
Timely

**Specific** - If your goal is weight loss; try to make it more specific. Try stating the amount of weight, the time frame, and the method of measurement (scale or body fat %).

**Measurable** - To truly evaluate improvements, the goal should be measurable. The way you look is not tangible, and could be frustrating to evaluate.

**Attainable** - Goals should be challenging but possible. Keep in mind how long you are allowing for reaching your goal and make sure that is safe and realistic.

**Relevant** - Goals should be pertinent to your interest, needs, and abilities.

**Timely** - Set a timeline reaching your goal. Again be realistic.

Please list **three fitness goals**. This will help the trainers understand your fitness interests.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_