

# OMNI FITNESS CLUB

Please fill out the following forms as completely and accurately as possible. The information is imperative to help develop an effective program, which will meet your personal needs, goals, and interests in a safe manner. All information disclosed will be kept confidential. Thank you in advance for taking the time to complete this.

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

Physicians name \_\_\_\_\_ Physicians Phone \_\_\_\_\_

Does your physician know you are participating in this exercise program? Y [ ] N [ ]

Comments \_\_\_\_\_  
\_\_\_\_\_

## Goal Setting

Setting out on any journey without directions or a clear plan can turn into a recipe for inefficiency. Setting goals and creating a realistic, achievable plan for those goals is equally important in fitness as it is to any other aspect of life. Your fitness specialist will be able to develop a better prepared exercise and wellness plan to meet your specific wants and needs with the answers to the following questions.

1) What are your present health and fitness goals?

Lose weight  Improve appearance  Sculpt and tone problem areas  Decrease Body Fat

Increase Flexibility  Increase Energy  Improve sleep habits  Improve eating habits

Reduce Stress  Reduce Back Pain  Reduce joint aches  Rehabilitate injury

Reduce cholesterol  Reduce blood pressure  Diabetes control  Elevate mood  other \_\_\_\_\_

2) In order of priority list the fitness goals (in detail) you would like to achieve in the following time periods.

a. 1-3 months: \_\_\_\_\_

b. 4-6 months: \_\_\_\_\_

c. In 12 months: \_\_\_\_\_

3) What is motivating you to start an exercise program right now?

\_\_\_\_\_

4) How committed are you to achieving these goals? Please choose one

100 %: I want to look and feel my best, am ready to change my lifestyle, and will not except my excuses.

75%: I want to look and feel better, but I am a little hesitant whether I can stick to it.

$\leq$  50%: I want to look and feel better, but I have a list of excuses I am ready to use.

5) Please list any barriers in past that have prevented you from exercise, or caused you to stop your current exercise program?

Limited time  Lack of motivation  Lack of results  Dislike of exercise

Unsure of what exercises to do  other  \_\_\_\_\_

6) Do you foresee any event in the future that may interfere with progress of your exercise program?

\_\_\_\_\_

7) What do you think is the most important thing your Fitness Specialist can do to help you achieve your fitness goals?

\_\_\_\_\_

8) Describe how you will feel once you achieve these goals: \_\_\_\_\_

## Lifestyle, Health, and Physical Activity Information

In answering the following questions it provides your trainer the information necessary to make valuable recommendations about various aspects of your daily routine to attain your goals. Please keep in mind all answers to the questions are confidential and only used in designing your personal program. In addition, achieving your fitness goals requires discipline in your lifestyle as well as exercise regimen, and your fitness specialist will make recommendations which benefit your overall health as well as obtain your target goals.

1) Please rate your job (circle most appropriate) Sedentary 0 1 2 3 4 5 6 7 8 9 10 Physically Demanding

2) How do you rate your general, daily stress level? Very Low 0 1 2 3 4 5 6 7 8 9 10 Very High

3) List your 3 biggest sources of stress

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

4) What are some strategies you use to decrease these stresses?

\_\_\_\_\_

5) How many hours do you regularly sleep at night? \_\_\_\_\_

6) Are there times throughout day where you take a nap or feel tired/sluggish? \_\_\_\_\_

7) What do your hobbies include? (Ex. Golfing, hiking, reading, knitting, etc.)

8) Do you smoke? N  Y  If yes, how many per day? \_\_\_\_\_ For how many years? \_\_\_\_\_

9) Do you consume alcohol? N  Y  If yes, how many per week? 1-3/ week  4-5/ week  5 +

10) Please check beside the option that best describes how you would prefer to exercise? Check all that apply.

Inside  Outside  Combination Inside/Outside  Large Group  Small Group  Alone

Combination Group/Alone  Morning  Afternoon  Evening

11) Realistically, how much time would you like to spend at each session?

< 30 minutes  45-60 minutes  60 minutes – 75 minutes

12) Do you have any special health concerns to address in regards to your exercise program?

High Blood Pressure  High Cholesterol  Diabetes  Joint Pain  Recent surgery

Fibromyalgia  Arthritis  Low back pain  Bariatric surgery  hernia  other  \_\_\_\_\_

13) Are you currently taking any medications that will affect Heart Rate response or mask physical exertion?  
(Ex. Pain relievers, anti-depressants) \_\_\_\_\_

\_\_\_\_\_

## Nutrition Information

Nutrition may be as high as 70-80 % responsible for the results (or lack of results) that any individual experiences as a result of their fitness and wellness efforts. In order to properly guide each person to their individual goals, it is essential to have an understanding of their dietary habits, both good and bad. Please answer the following questions to ensure dietary guidance can be given for optimal nutrition energy, recovery, and health.

- 1) How would you rate your eating habits? I need help! 0 1 2 3 4 5 6 7 8 9 10 Excellent
- 2) How many times/day do you usually eat (including snacks)? 1-2  3-4  5 +
- 3) Do you skip meals? Y  N
- 4) Do you eat breakfast? Y  N
- 5) Do you eat late at night? Sometimes  Often  Never
- 6) How many ounces of water do you consume daily ( 1 small glass = 8 ounces) ? \_\_\_\_\_
- 7) How many cups of coffee/tea do you drink per day? \_\_\_\_\_ With: Milk  Cream  Sugar
- 8) Do you feel tired/sluggish throughout the day? Y  N  If yes, when? \_\_\_\_\_
- 9) Do you know how many calories you eat per day? Y  N  If yes, how many? \_\_\_\_\_
- 10) Are you currently taking a multivitamin or any other food supplement? Y  N  Please list: \_\_\_\_\_
- 11) At work, do you: Eat Out  \_\_\_\_\_ times/week Bring Food  \_\_\_\_\_ times/week
- 12) What are your top 3 choices of food when you eat out?  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 13) Besides hunger, what other reason(s) do you eat or snack?  
Boredom  Social  Stress  Tired  Depressed  Happy  Nervous
- 14) Do you eat past the point of fullness? Often  Sometimes  Never
- 15) Do you eat at least 4 servings of bread, cereal, rice, or pasta per day? Y  N
- 16) Do you eat at least 2 servings of fruit? Y  N  At least 3 servings of vegetables per day? Y  N
- 17) Do you eat at least 2 servings of quality protein per day? Y  N
- 18) Do you eat food you know to be high in fat and sugar? Often  Sometimes  Never
- 19) If possible, list 3 areas of your nutrition you would like to improve:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_