

# YVES MACO TRAINING & FITNESS

## (New Client Forms)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of your last physical exam \_\_\_\_\_

**Please answer yes or no to the following questions. If yes, please provide a brief explanation.**

	YES	NO
1. Do you now, or have you ever had a heart condition? If yes, please list condition.		
2. Have you ever had an abnormal, resting or exercise, electrocardiogram (EKG)?		
3. Are you on medication for high blood pressure? If yes, please list medication name and dosage on page two.		
4. Do you now, or have you ever had elevated cholesterol, or abnormal lipid levels? Last total cholesterol _____ HDL _____ LDL _____ Date _____		
5. Has your father/brother had heart disease before the age of 55, or your mother/sister before the age of 65?		
6. If you answer yes to any of question above, concerning heart conditions, high blood pressure or cholesterol, have you been cleared by your doctor for exercise?		
7. Have you been diagnosed with Type 1 or Type 2 diabetes? If yes, please list which type.		
8. Do you now, or have you ever had a fasting glucose greater than 110 mg/dL, or have high blood sugar level?		
9. Have you been diagnosed as Hypo Glycemic, or have low blood sugar level?		
10. Do you or your family have a history of Diabetes, Kidney, or Liver Disease?		

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

	YES	NO										
11. Do you have any bone, joint, or muscular conditions? If yes, please list.												
12. Do you have any problems or issues with the body parts or joints listed below that affect your ability to exercise? If yes, please specify below including left or right side.												
Foot, ankle, lower leg _____ Knee, upper leg/thigh _____ Hip, inner thigh _____ Core body, midsection _____ Chest, shoulders _____ Upper arm, elbow _____ Lower arm, wrist or hand _____												
13. Do you now, or have you ever had any back, neck, or vertebral problems? If yes, please describe including which part of body. Lower, middle, upper back or neck. _____												
14. Do you have any other bone, joint or muscular conditions? If yes, please list.												
15. Have you been tested for osteoporosis? If yes, what were the results?												
16. Have you ever been advised by a physician to avoid exercise?												
17. Are you pregnant now? If yes, what is your expected due date? _____												
18. If you are pregnant has your doctor cleared you for exercise?												
19. Do you now or have you ever had a breathing condition, asthma or lung disease? If yes, do you use an inhaler? Please list medication.												
20. Are you currently taking any prescribed medications or over the counter drugs? If yes, please list the medications you are taking, both prescription and over the counter.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table>												
21. Do you now, or have you ever smoked? How many per day? _____ How many years? _____ Have you quit? _____ When? _____												
22. Do you have any allergies? If yes, please list them? _____												

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

	YES	NO
23. Do you have any other conditions not listed already that may affect your ability to exercise? If yes, please list. _____		
24. Have you ever been advised by a physician to avoid exercise?		
25. Have you had any type of surgery, including minor surgery? If yes, please list. _____		
26. If you answered yes to any question on this questionnaire, have you been properly diagnosed by health care professional and been given a doctors clearance to exercise?		
27. Are there any other diseases or illnesses that you have been diagnosed with or have been treated for that have not already been mentioned? If yes, please describe. _____		
28. Do you have any other issues that affect your ability to exercise not been listed? If yes, please describe the issue. _____		
29. Do you have a doctor's clearance to exercise?		
30. Is there any additional information that would be beneficial for the trainer to know before you start an exercise program? _____ _____		
31. Where you referred to TruFit by a current member? If you know more than one member, which one most inspired you to begin a Fitness Program?		

Please check any of the following conditions that you currently have or have ever had.

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Pain with exercise    | <input type="checkbox"/> swelling     | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Blood clots  | <input type="checkbox"/> Heart palpitations  |
| <input type="checkbox"/> Lower leg pain        | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Gastric reflux      |

Please describe your occupation and work setting or your primary daily activities, including body position and tasks performed.

Ex. #1 Business professional, sitting at a desk all day working on a computer.

Ex. #2 Restaurant employee on feet all day carrying food on trays.

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

# YVES MACO TRAINING & FITNESS

## INFORMED CONSENT AND RELEASE

I have voluntarily chosen to participate in a personal fitness-training program with Yves Maco. I understand that participation in personal fitness training can be of strenuous nature and involves risk of injury to me. I am fully capable of participating in the activities contracted for, and I willingly assume the risk of injury and physiological changes including, but not limited to abnormal blood pressure, fainting, heart attack, injury caused by falls, loss of control or balance, or collisions with participants, man-made or natural obstacles, whether they are obvious or not obvious.

I acknowledge that Yves Maco has strongly recommended that I have a physical examination by a qualified physician prior to beginning or continuing any exercise program, and I hereby knowingly and willfully waive that recommendation, or I have already obtained such an examination.

I release from any legal liability Yves Maco for any and all injury or death caused by a resulting from my participation in personal fitness training, *whether or not such injury or death was caused by negligence or any other cause.*

I further agree not to sue, claim against, attack the property of or prosecute Yves Maco for any injury or death caused by or resulting from my participation in personal fitness training, whether or not such injury or death was caused by negligence or any other cause.

I agree to defend, indemnify and hold harmless Yves Maco for any injury or death caused by or resulting from my participation in personal fitness training, both scheduled and unscheduled, whether or not such injury or death was caused by negligence or any other cause.

I AM AWARE THAT THIS AGREEMENT IS LEGALLY BINDING on me, my heirs, personal representative, successors, and assigns, AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

### INJURY REPORT POLICY

Clients are responsible for informing me of **any new injuries and or current condition of prior injuries** before the beginning of each and every session.  
Initial \_\_\_\_\_

Print Name \_\_\_\_\_

Participants Signature \_\_\_\_\_

Date \_\_\_\_\_

# YVES MACO TRAINING & FITNESS

I pride myself in offering professionalism, good service and great results. The following are the account and billing policies that allow me to maintain the highest level of service without any type of contract.

## ACCOUNT Notices and BILLING POLICY

*\*All personal training sessions must be paid in full prior to each session. Clients may also establish a pre-paid monthly account **Initial** \_\_\_\_\_*

*\*Clients who establish a pre-paid monthly account will receive a “Renewal” notice when their account is close to lacking funds for additional sessions. When this notice is issued an account renewal is needed to book future sessions. **Initial** \_\_\_\_\_*

*\*Pre-paid monthly clients will need to have sufficient funds in their account in order to book a future session. Clients account must have a balance equal or greater than the full amount of the future session being booked. **Initial** \_\_\_\_\_*

*\* I ask that active clients maintain a positive balance in order to receive training services. Clients are unable to receive services when their account is at a ZERO balance. **Initial** \_\_\_\_\_*

## CANCELLATION and REFUND POLICY

*\* 24 hour notice must be provided by the client in order to cancel a session prior to that session. Failure to do so will result in a loss of that session at a full charge to the client. **Initial** \_\_\_\_\_*

## INJURY REPORT and MEDICAL CONDITION

*\*Clients are responsible for informing me of any new injuries and or current condition of prior injuries before the beginning of each and every session. **Initial** \_\_\_\_\_*

Print Name \_\_\_\_\_

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

# YVES MACO TRAINING & FITNESS

In order to properly assess you and your fitness goals please complete ALL of the following forms and questionnaires,

**including the food evaluation and meal tracking.**

# YVES MACO TRAINING & FITNESS

## FOOD EVALUATION SHEET

Client Name \_\_\_\_\_

Please list all the food you enjoy eating, healthy and unhealthy. Each food should be placed under its matching food category and **specify a brand if applicable.** Specific foods should be listed so **please do not write "ALL" for any food group.** Please list as many food items as possible! Remember the more you foods you list the more foods will be included in your healthy eating program.

MEAT

VEGETABLES

FRUITS

SEAFOOD

GRAINS

DAIRY

BEVERAGES

OTHER

CHEATS (foods generally considered unhealthy)

# YVES MACO TRAINING & FITNESS

## MEAL TRACKING SHEET

Client Name \_\_\_\_\_

Use the following format to record what foods you have consumed for two consecutive days. We recommend what you ate yesterday and today. Please list **all foods and drinks**. Include the time of day and whether it was prepared at home or ordered out. Please be as descriptive as possible!

### Example s

#### Breakfast (8:15am) \_\_\_\_\_

1 ½ cups Kelloggs corn flakes w/ 1 cup 2% milk, large grapefruit, 2 cups coffee w/ cream and sugar

#### Lunch ( 12:30pm) \_\_\_\_\_

Spaghetti @ Luigi's Diner...3cups pasta, ½ cup marinara with light ground beef, topped with small amount of parmesan cheese

### **Day 1**

Meal Title( \_\_\_\_\_ ) time of day( : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : ) \_\_\_\_\_

# YVES MACO TRAINING & FITNESS

## MEAL TRACKING SHEET

### Day 2

Meal Title( \_\_\_\_\_ ) time of day( : : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : : ) \_\_\_\_\_

Meal Title( \_\_\_\_\_ ) time of day( : : ) \_\_\_\_\_

# YVES MACO TRAINING & FITNESS

## Goal Setting and Exercise History

This portion of the questionnaire is used to provide information for determining what you want to accomplish by exercising with me. **Please be as specific as possible.** Remember "Slim down and tone up", can mean many different things to many different people.

1. Have you ever worked with a fitness trainer? If yes, what did you like or dislike?

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2. What are some of the reasons you have for starting an exercise program with a fitness trainer?

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3. How long has it been since you have exercised?

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4. What types of activities have you been doing?

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What athletic activities have you done in the past?

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5. What goals would you like your personalized fitness program to help you accomplish?

Health specific goals: \_\_\_\_\_

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Body specific goals (target areas): \_\_\_\_\_

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Sport Specific: \_\_\_\_\_

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6. How many hours a week are you able to commit to an exercise program?

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7. What day of the week are you available to train?

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8. What time of day are you available to train? (a.m./mid-day/p.m.)

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9. What timetable do you have set to accomplish your goals?

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