

# PERSONAL TRAINING REQUEST

*Please download this form prior to completing in order for it to submit correctly.  
Please save and email the form to [kwaring@wspr.ca](mailto:kwaring@wspr.ca) or click the button to submit:*



1767 Island Highway  
Victoria, BC V9B 1J1

[www.wspr.ca](http://www.wspr.ca)

## CONTACT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Phone (home): \_\_\_\_\_ E-mail: \_\_\_\_\_

## ADDITIONAL INFORMATION

Trainer preference:  M  F or Name of trainer: \_\_\_\_\_

What type of session: check one  Orientation  Assessment  Personal training  Rehabilitation

Number of sessions requested: \_\_\_\_\_

Days and times preferred? \_\_\_\_\_

How many times per week do you currently exercise? \_\_\_\_\_

What type of exercise? \_\_\_\_\_

## MEDICAL INFORMATION

Do you have any injuries or conditions (please circle)?

Heart/circulation  Blood pressure  Dizziness  Diabetes  Recent surgery  
 Epilepsy  Arthritis  Muscle/Joint  Other: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please sign below if your doctor has recommended exercise.**

*Please note: A medical clearance form may be required prior to participation*

Signature: \_\_\_\_\_ Doctor's name: \_\_\_\_\_

## PERSONAL TRAINING INFORMATION

**Our guidelines for participation are as follows:**

1. Personal training requires payment in full at reception prior to your first session. Your receipt is required at the first session. Please meet your trainer in the weightroom.
2. 24 hours cancellation notice is required to reschedule your session.
3. To optimize your session, please come on time and prepared to exercise.

*Thank you for completing a personal training request form, we will contact you to book your session and get you started.*

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see [csep.ca/certifications](http://csep.ca/certifications)) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

## PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

- 1 Have you experienced **ANY** of the following (A to F) **within the past six months**?
  - A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
  - B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
  - C Dizziness or lightheadedness during physical activity?
  - D Shortness of breath at rest?
  - E Loss of consciousness/fainting for any reason?
  - F Concussion?
- 2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?
- 3 Has a health care provider told you that you should avoid or modify certain types of physical activity?
- 4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY .....

**YES** to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

## ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)?  DAYS/WEEK
  - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity?  MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day:  MINUTES/WEEK

Canadian 24-Hour Movement Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see [csep.ca/guidelines](http://csep.ca/guidelines)).



## GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



## DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.  
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.  
(This completed questionnaire will help the QEP get to know you and understand your needs.)