



# New Client Intake Forms

*You've got goals. We've got the plan to help you reach them.*



# Quick Start

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## Personal Information

*Basic stats, lifestyle info, medical history. Who takes care of you right now?*

2

## Par-Q

*A quick check to see if you should consult your physician before becoming more physically active.*

3

## Baseline Assessments

*Three brief tests give us a current measure of your health.*

4

## Other Health Factors

*A short set of questions that looks at health-promoting and health-disrupting factors.*

# Personal Information

First Name:

Address:

Last Name:

Phone Number:

Date of Birth:

What takes up most of your waking hours each week? (Work, studies, caring for loved ones, etc.)

How many hours per week do you spend in this endeavour?

What is your relationship status?

Do you have children? What are their names and ages?

Do you have any pets?

What is your primary health or fitness goal?

What do you think it will take to achieve this goal?

Are your hobbies recreational or more sedentary?

## Medical History

List any major surgeries and hospitalizations:

Do you regularly take medication? Are you aware of potential side effects of this medication?

Do you take any supplements? If yes, what is the reason?

Do cancer, heart disease, diabetes or other genetic ailments run in your family? Please specify.

## Who Takes Care of You?

Tell us about any physicians, chiropractors, nutritionists, and other health professionals that you consult with.

Understanding who is part of your health care network is an important part of creating a plan that can meet your needs.

1. Name:

Service:

Location:

Phone:

Email:

2. Name:

Service:

Location:

Phone:

Email:

3. Name:

Service:

Location:

Phone:

Email:

# PAR-Q & YOU

## (A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. 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.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

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

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.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

### NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

#### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**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, 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.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"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 of majority)

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

# Baseline Assessments

## Blood Pressure

Blood pressure is the force of blood moving through *arteries* - the blood vessels that carry blood away from your heart to the rest of your body.

We describe blood pressure using two numbers taken from the amount of pressure measured in the arteries when the heart contracts (*systolic*) and then relaxes (*diastolic*).

Normal blood pressure is considered to be 120/80. High blood pressure (*hypertension*) is anything above a 140/90 reading.

Any reading above 120/80 should result in a visit to your doctor, especially prior to an exercise program.

For more information about blood pressure, visit the American Society of Hypertension's website: [www.ash.us.org/documents/bloodpressurehealthenglish.pdf](http://www.ash.us.org/documents/bloodpressurehealthenglish.pdf)

	Date	Measurement
Last Blood Pressure		
Current Blood Pressure		
Resting Heart Rate		

## Movement: Brazilian Sit-to-Stand Test

One of the most fundamental skills we lose as we age is the ability to get up from and down to the ground with ease. This loss can begin as early as the teenage years, often due to poor strength and joint mobility.

This test assesses ground-to-standing function.

Date			
Score out of 10	__ \10	__ \10	__ \10

# Cardiorespiratory Function: Rockport Walk Test

Healthy aerobic capacity indicates a reduced risk of hypertension, heart disease, obesity, diabetes, and some forms of cancer.

The Rockport Walk test provides a measurement of your aerobic fitness. The initial (*baseline*) result helps us plan your fitness program, while periodic re-testing measures your progress.

Date of test		
Body weight (lbs)		
Time (nearest hundredth minute)		
Heart Rate (bpm)		
Score		

**Equation:**

$$132.853 + (6.315 \text{ only if male}) - (0.0769 \times \text{weight in lbs}) - (0.3877 \times \text{age}) - (3.2649 \times \text{time}) - (0.1565 \times \text{Heart Rate}) = \text{Aerobic Score}$$

Sample:  
Female, wt 145lbs, Age 35, Time = 14.75min, HR = 142

$$132.853 - 11.15 - 13.57 - 48.16 - 22.22 = 37.75 = \text{Score} = \text{"Good"}$$

**Women**

Age	Poor	Fair	Average	Good	Very Good	Excellent
20-24	< 31	32-36	37-41	42-46	47-51	> 51
25-29	< 30	31-35	36-40	41-44	45-49	> 49
30-34	< 29	30-33	34-37	38-42	43-46	> 46
35-39	< 27	28-31	32-35	36-40	41-44	> 44
40-44	< 25	26-29	30-33	34-37	38-41	> 41
45-49	< 23	24-27	28-31	32-35	36-38	> 38
50-54	< 22	23-25	26-29	30-32	33-36	> 36
55-59	< 20	21-23	24-27	28-30	31-33	> 33
60+	< 18	19-21	22-24	25-27	28-30	> 30

**Men**

Age	Poor	Fair	Average	Good	Very Good	Excellent
20-24	< 37	38-43	44-50	51-56	57-62	> 62
25-29	< 35	36-42	43-48	49-53	54-59	> 59
30-34	< 34	35-40	41-45	46-51	52-56	> 56
35-39	< 32	33-38	39-43	44-48	49-54	> 54
40-44	< 31	32-35	36-41	42-46	47-51	> 51
45-49	< 29	30-34	35-39	40-43	44-48	> 48
50-54	< 27	28-32	33-36	37-41	42-46	> 46
55-59	< 26	27-30	31-34	35-39	40-43	> 43
60+	< 24	25-28	29-32	33-36	37-40	> 40

# Other Health Factors

## Health Promoters and Disruptors

Check the promoter or disruptor description that most resonates with you. Use the Notes column to provide any additional details.

Theme	Promoter	Disruptor	Notes
<i>Sleep</i>	I'm a great sleeper, usually wake up well rested and feel I get an appropriate amount of sleep.	Sleep is often challenging for me. Often, I wake up groggy. My sleep patterns are inconsistent.	
<i>Nutrition</i>	I'm mindful of my nutrition and eating habits.  I often think about my caloric intake, how much protein I'm eating daily, planning my meals, or what ingredients are in the food I eat.	I don't plan my meals.  I usually eat or drink what sounds good at the moment, and I eat out often.  I often feel guilty about the food/drinks I consume.  I have little knowledge of nutrition.	

<p><i>Physical Activity</i></p>	<p>I often look for ways to move throughout my day. I enjoy being outdoors and/or I seek recreational activities for enjoyment.</p>	<p>I live a sedentary lifestyle,  I'm usually too tired after work to go for a walk or exercise.  I seek pleasure in relaxing activities, like watching a movie or my favorite tv shows, or going out for dinner.</p>	
<p><i>Exercise</i></p>	<p>I'm currently on a structured exercise regimen or attend scheduled fitness classes.  I find value in the way exercise makes me feel and perform.</p>	<p>Exercise is a real struggle to do whether it's finding the time to do it or I never really enjoy it.  I'm not on an exercise program.  I often skip out on my exercise.</p>	
<p><i>Work</i></p>	<p>I'm passionate about my work or career.  Even though it can be stressful, I manage my stress well and I don't let work get in the way of my health.</p>	<p>My career is my priority or I'm currently not satisfied with my occupation.  Work weighs me down and often gets in my way, not allowing me to focus on my health.</p>	

<i>Vices</i>	<p>I have a few vices but I feel I have them under control.</p> <p>I manage my vices well and they are typically not on the top of my mind.</p>	<p>I have a hard time managing my vices.</p> <p>I may have an addiction or my vices heavily influence my daily habits.</p>	
<i>Social</i>	<p>I've got a great group of friends who support me well and I feel very close to many of my friends.</p> <p>Being social helps me unwind and relieves stress.</p>	<p>I don't have many friends I can count on for support or feel I can be myself around.</p> <p>Being social is a challenge or may create anxiety.</p>	
<i>Family</i>	<p>I'm very close with my family. We support one another and I know they are proud of me.</p>	<p>Family is tough right now.</p> <p>Being around my family is often stressful or I feel they don't support me well.</p>	

Scale 1-5: 5 is Highly Important to me, 1 is Not Important at all

Rank each Area of Enhancement that you would like to work on for the immediate future

<b>Physical Domain</b>	<b>Movement</b>	<input type="text"/>	I want to gain movement adaptations such as mobility/flexibility, strength, cardio, power etc
	<b>Sleep</b>	<input type="text"/>	I want to improve the quantity and quality of my sleep
	<b>Nutrition</b>	<input type="text"/>	I want to improve what I eat or my relationship with food
	<b>Physiological</b>	<input type="text"/>	I want to keep track of my Heart, Lung and Hormonal Health

Scale 1-5: 5 is Highly Important to me, 1 is Not Important at all  
Rank each Area of Enhancement that you would like to work on for the immediate future

<b>Mental/Emotional Domain</b>	<b>Mindset</b>	<input type="text"/>	I want to develop a better attitude towards myself, others, and my environment
	<b>Purpose</b>	<input type="text"/>	I want to clarify my core values, improve motivation, and/or manage my time better
	<b>Emotional Intelligence</b>	<input type="text"/>	I want to manage my stress and emotions better, and/or foster better relationships
	<b>Cognition</b>	<input type="text"/>	I want to enhance my Brain Health and Performance

Scale 1-5: 5 is Highly Important to me, 1 is Not Important at all

Rank each Area of Enhancement that you would like to work on for the immediate future

<b>Social Domain</b>	<b>Sociability</b>	<input type="text"/>	I want to learn more about how I interact with others and the best way to Recharge my energy
	<b>Relationship</b>	<input type="text"/>	I want to identify those who support me in key arenas of my life
	<b>Career</b>	<input type="text"/>	I want to manage work-related stress better and improve my financial health
	<b>Social Aptitude</b>	<input type="text"/>	I want to Socialize better and improve my social skills