



FIT with PAIGE

Medical Questionnaire & Client Information

Name: _____ Start Date: _____

DOB: _____ Height: _____ Weight: _____

Home Address: _____

City: _____ ZIP: _____

Contact Info: Home: _____ Cell: _____

Office: _____ E-mail: _____

CURRENT INJURIES/HEALTH CONCERNS:

PRIOR SURGERIES:

MEDICATIONS:

SPECIFIC GOALS:

NO SHOW/LATE CANCELTION POLICY: All no shows or late cancelations will charged the full session rate. Please contact me by PHONE 24 hours in advance to cancel an appointment. If you do need to cancel, I will encourage you to reschedule your appointment within the same week. Our time is valuable and my primary purpose is to help you achieve your goal (s) within a specific timeframe.

REFUND POLICY: Sessions will be paid in advance and will be held as credits to your account. These credits cannot be redeemed for cash value. Sessions expire one year from date of purchase. If for some reason you are physically unable to continue with your training, you may gift your sessions or find someone to purchase your unused sessions.

REFERRALS: If you have a friend or relative, who would benefit from my training program, please list their name (s) and contact information.

Name: _____ Contact Info:

Name: _____ Contact Info:

FITNESS AND HEALTH CONSULATION/ASSESSMENT: As a new client, you will be offered a fitness assessment and retesting throughout your training at no additional cost. You may also become a member of my online fitness and nutrition website for additional accountability and assistance. **Additional fees do apply.** Please see me for details.

Signature: _____

Date: _____

Paige Baker's personal training services are insured by **Philadelphia Indemnity Insurance Company.**

Health and Fitness Goals

Name: _____ Date: _____

Please indicate three personal health and fitness goals in order of importance:

- 1.
- 2.
- 3.

What is your exercise history?

What are your activity preferences?

What barriers to success do you anticipate?

How motivated are you?

How confident are you?

Please state three commitments you will make to reach your goals:

- 1.
- 2.
- 3.

Please indicate three things your fitness specialist can do to help you succeed:

- 1.
- 2.
- 3.