‘NEW CLIENT PACKET’

Please print out, fill out and bring to class.

CLIENT PROFILE

NAME (LAST, FIRST, MIDDLE): _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

E-MAIL: _____

HOME NUMBER: _____ MOBILE: _____

LIFESTYLE

What is your occupation? _____

Are you a student? If yes, Where? _____

Does your occupation, or being a student, cause you to be stressed out? _____

In the past year, how often have you been engaged in physical activity? _____

Regularly (3-4 times/week) _____ Semi-Regular (1-2 times/week) _____

Sporadic (1-2 times/month) _____ None at all _____

Do you smoke? _____ If so, how much? _____

Do you drink alcoholic beverages? _____ If so, how many drinks per week? _____

Do you have any hobbies or partake in any recreational activities (golf, tennis, skiing, etc.)? Y / N

If so please explain: _____

Do you know what a foam roller is? _____ Do you own one? _____

Do you know how to use it? _____

PERSONAL

What goals are most important for you to accomplish with a fitness regimen?

_____

Where do you see yourself 3 months from now in fitness?

_____

Where do you see yourself 6 months from now in fitness?

_____

Where do you see yourself 12 months from now in fitness?

_____

Were/Are you a high school or college athlete? Y / N If so what sport(s): _____

In the past, have you ever acquired the services of a Fitness Professional? _____

If so, what did you **like** or **dislike** about that experience?

_____

_____

Rate yourself on a scale of 1 to 5 (1 = lowest value and 5 = the highest)

Circle the number that applies.

Your present muscular ability 1 2 3 4 5

Your present cardiovascular capacity 1 2 3 4 5

Your present flexibility 1 2 3 4 5

Eating fruits and vegetables daily 1 2 3 4 5

Sleeping well at night, 7+ hours 1 2 3 4 5

Drinking plenty of water daily, 40+ ounces 1 2 3 4 5

Do you start exercise programs but then find yourself unable to stick to them? Y / N

CLIENT QUESTIONNAIRE

GOALS

(CIRCLE ALL THAT APPLY)

Lose Weight / Body Fat Tone up Gain Weight Improve Cardiovascular Capacity
Improve Flexibility Improve Balance Increase Strength and Power Improve Overall Athleticism

Which of the following statements best describes you?

I can eat practically anything and I do not gain weight _____

I find it very hard to gain weight _____

I can lose or gain weight by adjusting my activity levels and eating habits _____

I find it difficult to lose weight _____

I can gain weight easily and I have to watch what I eat _____

I need help with my nutrition Y / N

YOUR PERFECT TRAINER!!

In a perfect world my trainer would be: Circle A,B OR C

A) A DRILL SERGEANT Someone who will push me to my limits and not let up until I have reached my personal best.

B) A NICE COP- Someone who is tough, but will cut me slack when I need it.

C) A GOOD FRIEND- Someone who motivates and teaches me to be my personal best but lets me set the pace.

MEDICAL AND HEALTH HISTORY

DATE: _____

NAME (LAST, FIRST, MIDDLE): _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

Have you ever had or do have pain or injuries (ankle, knee, hip, back, shoulder, etc.)? Y / N

If so please explain: _____

When did your condition start? _____

Give specific date of injury or onset: _____

In the past month, have you had any chest pain when you were performing any physical activity? Y / N

If so please explain: _____

Do you ever lose your balance because of dizziness or do you ever lose consciousness? Y / N

If so please explain: _____

Do you have a bone or joint problem that could be made worse by changing your physical activity? Y / N

If so please explain: _____

Have you ever had any surgeries? Y / N Date: _____ Type: _____

If so please explain: _____

Have you had any of the following tests? X-Ray MRI CT Scan EMG Other

Has a medical doctor ever diagnosed you with a chronic disease such as coronary heart disease (CHD) or coronary artery disease (CAD), Hypertension (High Blood Pressure), High Cholesterol, diabetes, Etc.?

Y / N If so please explain: _____

Check all that apply to you:

Diabetes ____

High Blood pressure ____

Heart Disease ____

Heart Attack ____

Pacemaker ____

Headaches / Dizziness ____

Seizures ____

Cancer ____

Stroke ____

Kidney Problems ____

Nervous Disorders ____

Pregnant / IUD Allergies ____

Hernia ____

Metal Implants ____

Shortness of Breath ____

Asthma ____

Heart Murmur / Arrhythmia ____

Recent Weight Gain or Loss ____

Joint Pain (Knees, ankles, hips, wrists, shoulders, elbows, etc.) ____

Any Numbness ____

Nosebleeds ____

Blurred Vision ____

Allergies ____

If you checked any of the above please give details and approximate dates:

_____

Are you currently taking any medication(s)? Y / N If so please list: _____

_____

_____

Please include any other pertinent information on Current and/or Previous Injury(s):

_____

_____

_____

_____

PLEASE READ!!

FOAM ROLLING

Michael Boyle

A decade ago strength and conditioning coaches, athletic trainers, and physical therapists would have looked quizzically at a thirty six inch long round piece of foam and wondered "What is that for?" Today nearly every athletic training room and most strength conditioning facilities contain an array of foam rollers in different lengths and consistencies.

What happened? A major change in the attitude toward injury prevention and treatment has been evidenced by a huge increase in the awareness that hands on techniques like massage, Muscle Activation (MAT), and Active Release Therapy (ART) can work wonders for injured athletes. The success of physical therapists with soft tissue mobilization (the physical therapy term for massage) and MAT, and a number of chiropractors with ART has clearly put the focus back on the muscle. The message at the elite level is "if you want to get better (healthier) get a good manual therapist in your corner".

As strength and conditioning coaches and personal trainers watched elite level athletes tout their success and improvement from various soft tissue techniques the obvious question arose. How can I mass-produce "massage" or soft tissue work for large groups of athletes at a reasonable cost? Enter the foam roller. Physical Therapist Mike Clark is credited by many, the author included, with the initial exposure of the athletic and physical therapy communities to the foam roller and to what he termed "self myofascial release". Self myofascial release is simply another technical term for self-massage. In one of Clarke's early manuals published as a pre-cursor to his book Integrated Training for the New Millenium Clark included a few photos of self-myofascial release techniques using a foam roller. The technique illustrated was simple and nearly self-explanatory. Get a foam roller and use your bodyweight to apply pressure to sore spots. Kind of a self-accupresssure technique.

What is a Foam Roller and How do You Use It?

A foam roller is simply a cylindrical piece of some type of extruded hard-celled foam. Think pool noodles but a little more dense and larger in diameter. The techniques are simple. Clarke's initial recommendation was not a self-massage technique but, more the accupressure concept described previously. Athletes or patients were simply instructed to use the roller to apply pressure to sensitive areas in the muscles. Depending on the orientation of the therapist, these points can alternately be described as trigger points, knots or simply areas of increased muscle density. Regardless of the name, those in the fields of athletics and rehab were familiar with the concepts of sore muscles and the need for massage.

Slowly, the performance world caught on to the idea that manipulation of the soft tissue caused athletes to either stay healthier or, to get healthy faster.

The use of foam rollers has progressed in many circles from an acupressure type approach to a self-massage approach. The roller is now used to apply longer more sweeping strokes to the long muscle groups like the calves, adductors and quadriceps and small directed force to areas like the TFL, hip rotators and glute medius.

Athletes are instructed to use the roller to search for tender areas or trigger points and to roll these areas to decrease density and over-activity.

It is important to note that foam rolling can be hard work, particularly for weaker or overweight clients as the arms are heavily involved in moving the body. In addition, foam rolling can border on painful. Foam rollers are available in a number of densities from relatively soft foam, slightly harder than a pool noodle, to newer high-density rollers with a much more solid feel. The feel of the roller and the intensity of the self-massage work must be properly geared to the age, and fitness level of the client. Good massage work, and correspondingly good self-massage work, may be uncomfortable much like stretching. It is important that athletes or clients learn to distinguish between a moderate level of discomfort related to a trigger point and a potentially injurious situation. Foam rolling should be used with discretion in those clients with less muscle density. Foam rolling should never cause bruising. The reality is that the athlete or client should feel better, not worse after a brief session with a foam roller.

When to Roll

Coaches and therapists are not in universal agreement over when to roll, how often to roll, or how long to roll so only general guidelines can be provided.

Rolling can provide great benefit both before and after a workout. Foam rolling prior to a workout can help to decrease muscle density and allow for better warm-up. Rolling after a workout may help to aid in recovery from strenuous exercise. The nice thing about using the foam roller is that it appears it can be done on a daily basis. In fact, Clair and Amber Davies in The Trigger Point Therapy Workbook actually recommend trigger point work up to 12 times a day in situations of acute pain.

How long an athlete or client rolls is also individual. In a personal training setting we allow 5-10 minutes for soft tissue work at the beginning of the session prior to warm-up. With our athletic clients we do the same.

DEFINITELY READ IF YOU ARE A FEMALE!!!

Should Females Train Differently Than Males?

by Joe DeFranco, Owner, Performance Enhancement Specialist
DeFranco's Training Systems

When people ask me what are the biggest differences between designing strength-training programs for females compared to males, my answer usually surprises them. That is because the *basic* principles should be the *same* for both genders: train bodyweight exercises before using external resistance, train the core (abs & low back), favor multiple-joint exercises instead of isolation movements, and focus a good deal of their training on the "posterior chain" (hamstrings, gluteals and low back).

Despite the many similarities of male and female strength training, there are subtle differences to consider. First of all, females mature earlier than males. Therefore, in general, females can begin strength training earlier than males. Also, since females have less muscle mass, on average, than males, they are also more susceptible to de-conditioning. That is why a female strength-training program should have the athlete continue to train during the competitive season. This is because the drop-off in strength is more dramatic for females when strength training is stopped.

Overall, strength training offers female athletes the same benefits that it offers male athletes! Regardless of their sport or gender, any athlete can benefit from increased sprinting speed, strength, balance, decreased body fat levels and a reduced incidence of injuries – all of which a properly designed strength-training program can provide. Also, studies have proven that strength training can have a positive effect on bone density, which will decrease your risk of osteoporosis later in life.

Even with all of the positive research out there with regards to strength training and female athletes, I still get asked the same question all of the time, "Will I end up looking like a man if I lift weights?" The answer is, "Absolutely not!" Much of the difference in muscle mass between males and females is attributed to hormones, specifically, testosterone. On average, men produce *ten times* more testosterone than females. Unless you're a female who is taking anabolic steroids or other male hormones, lifting weights will NOT make you look like a man! Also, there is a difference in muscle mass distribution between men and women, especially in the upper body. So it is important to remember that **male hormones** and **muscle mass distribution** are the two main reasons that men usually carry more muscle than woman. These are 2 of the main factors why men who strength-train look more "bulky" than females who strength-train.

MEDICAL RELEASE FOR FITNESS TRAINING

N A M E O F A T H L E T E : _____

EMAIL ADDRESS: _____

P H O N E N U M B E R : _____

I hereby consent to voluntarily engage in personal fitness training and to be placed in a training program involving recommended activities for improvement of my general health and well-being. I have been informed that during my participation in this personal fitness training, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. I hereby state that I agree to inform the trainer of my symptoms, should they develop, decrease or stop exercise completely. If I am taking any prescribed medications, I have already informed the trainer and further agree to so inform them promptly of any changes my doctor or I make with regard to the use of them.

I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise. I have been told that every effort will be made to minimize bodily injury by proper training assessments before each condition. I fully understand the risks associated with exercise, but knowing the risks, it is my desire to participate as herein indicated.

I recognize that involvement in the exercise sessions and personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform optimally in my daily activities.

I have been informed that the information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my expressed written consent. I also agree to the use of any information for the purpose of consultation with other health / fitness professionals.

I have been given the opportunity to ask certain questions as to the procedures of this program. I further understand that there are also other remote risks that may be associated with this personal fitness program. I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.
I expressly consent to the rendition of all services and procedures as explained herein by the trainer.

D A T E : _____ SIGNATURE: _____

D A T E : _____ SIGNATURE: _____

PARENT OR GUARDIAN IF UNDER 18