PARTICIPANT INFORMATION FORM  
University of Oregon – Personal Training

This questionnaire will be used to help your Personal Trainer prepare for your first meeting. Please fill out each section completely. You will have an opportunity to discuss each of these areas in more detail with your trainer when you meet for your first session.

Name: __________________________  Date: __________________________

Phone Number:________________________  Email: __________________________

Health Status Review
Please complete the Physical Activity Readiness-Questionnaire (PAR-Q) to verify you are in good health to start exercising. *If you answer YES to any of the questions, you must have a Physician’s Release Form signed by your doctor prior to your first exercise session.*

List any other health related conditions, especially those impacting exercise or movement, not mentioned on the PAR-Q that we should be aware of when designing your fitness program:

____________________________________________________________________________________

____________________________________________________________________________________

Health and Fitness Goals
Please list your short term and long term health and fitness goals. Why did you sign up for Personal Training?

____________________________________________________________________________________

____________________________________________________________________________________

Current Exercise Status
☐ I currently exercise
☐ I do not regularly exercise, but would like to start.
☐ I used to be active, but am not anymore and would like to become active again.

List any activities in which you currently participate and how much time you spend doing each per week:

____________________________________________________________________________________

____________________________________________________________________________________

How long have you been participating in this routine: __________________________

List any exercise, sport, or recreational activity that you have participated:
In the past 6 months: _____________________________________________________________
In the past 5 years: _____________________________________________________________

Preferred Physical Activities
____________________________________________________________________________________

____________________________________________________________________________________

Occupation
List occupation (or how you spend your days): __________________________________________

Would an exercise program interfere with your job? _____  Would an exercise program benefit your job? _____

Other Concerns
What other questions do you have for your Personal Trainer related to your health and fitness?

____________________________________________________________________________________

Please be sure to review the Personal Training Policies & Procedures.
Return this form by emailing: Recfit@uoregon.edu

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