

CLIENT INFORMATION QUESTIONNAIRE

Please complete and return to your Personal Trainer, Tennis Instructor, or to the reception desk at least 2 days prior to your first scheduled session.

All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to helping your instructor develop a program that addresses your needs, goals and is safe and effective.

Name: _____		Date of Birth _____ / _____ / _____		Age: _____	
		M D Y			
Address: _____					
Street		City		State Zip Code	
Phone: (h) _____ (w) _____ (c) _____					
Email address: _____					
Occupation: _____					
Employer: _____					
Emergency Contact: _____			Relationship: _____		
Phone Numbers: _____					
Physician's Name: _____			Physician's Phone: _____		
Physician's Address: _____					
Street		City		State Zip Code	
<p>BTC & FF may send information regarding your physical exercise program to your physician unless you request otherwise. <input type="radio"/> Please <i>do not</i> mail information to my physician.</p>					

**Please provide 48 hours notice
if you need to cancel or reschedule your appointment.**



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For office use only: M/G _____ DE _____ WL _____ W _____ E _____ GA _____

Instructor: _____

1st Appointment: _____

Exercise Readiness Form Please answer every question.

- YES NO Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?
- YES NO Do you frequently have pains in your chest when you perform physical activity?
- YES NO Have you had chest pain when you were not doing physical activity?
- YES NO Do you lose your balance due to dizziness or do you ever lose consciousness?
- YES NO Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?
- YES NO Do you have any problems with breathing during exercise?
- YES NO Are you pregnant now or have given birth within the last 6 months?
- YES NO Have you had a recent surgery?
- YES NO Do you have any chronic conditions (any condition needing on-going treatment)?
- YES NO Are you over age 65 and not accustomed to vigorous exercise?
- YES NO Is there any other physical reason not mentioned here why you should/could not follow an activity program even if you wanted to?

If you have marked YES to any of the above, please elaborate below:

If you answered YES to one or more of the above questions...

We recommend that you consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.

Medical clearance is desired in order to participate in Club programs and activities.

Please ask for our Medical Clearance Form.

MEDICAL CLEARANCE FORM RECEIVED DATE: _____

(Attach Medical Clearance to this form)

If you answered NO to all of the above questions...

If you answered this questionnaire accurately, you have reasonable assurance of your present suitability for an exercise program.

Medications

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

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Fitness History

1. When were you in the best shape of your life? _____
2. Have you been exercising consistently for the past 3 months? YES NO
3. When did you first start thinking about getting in shape? _____
4. What if anything stopped you in the past? _____
5. On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

Exercise Related Questions: Start at question #5 if you are presently inactive.

1. How often do you take part in physical exercise?
5-7x/week 3-4x/week 1-2x/week
2. If your participation is lower than you would like it to be, what are the reasons?
Lack of Interest Illness/Injury Lack of Time Other _____
3. How long have you been consistently physically active for? _____

4. What activities are you presently involved in?

Cardio &/or Sports	Frequency/Week	Average Length	Easy/Mod/Hard

Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard

List exercises: _____

Stretching	Frequency/Week	Average Length

5. Please circle all the activities that interest you:

Group Fitness Classes	Hiking	Snowboarding
Boxing	Ice Skating	Snowshoeing
Canoeing	Kayaking	Soccer
Cross Country Skiing	Partner Training	Swimming
Cycling – Indoor	Pilates	Tennis
Cycling – Mt. Bike	Private Personal Training	Triathlon
Cycling – Road Bike	Racquetball	Volleyball
Football	Rock climbing	Walking
Golf	Running	White Water Rafting
Group Personal Training	Skiing	Yoga

6. What is your most important fitness/tennis/health goal?

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Are You a Tennis Player or Do You Want to be One?

If YES, please complete this section. If NO, please skip to the next section.

1. Do you presently have an updated USTA NTRP player rating?
 - a) Fill in rating _____
 - b) If no, circle your level of experience: Beginner Intermediate Advanced
2. Do you prefer singles, doubles, or both? _____
3. Are you interested in playing tournaments? YES NO
4. Are you interested in participating in leagues? Club Leagues USTA Leagues NO
5. Are you interested in playing on the singles ladder? YES NO
6. Would you like to participate in socials such as Round Robins? YES NO
7. Would you like advice on selecting equipment? (Racquet, strings) YES NO
8. Would you like to improve your game through:

Private tennis lessons	YES	NO
Small group lessons	YES	NO
Clinics	YES	NO
Skills & Drills	YES	NO

Developing Your Tennis and/or Fitness Program

1. Please circle how you prefer to exercise:
 - a) Location: INSIDE OUTSIDE COMBINATION
 - b) Exercise: LARGE GROUPS SMALL GROUPS ALONE COMBINATION
 - c) Time: MORNING AFTERNOON EVENING
2. Realistically, how often a week would you like to play tennis? _____x/week N/A
3. Realistically, how often would you like to exercise (not including tennis) _____ x/week
4. Realistically, how much time would you like to spend during each exercise session? _____
5. What are the best days during the week for you to commit to your exercise program?

M	T	W	T	F	S	S
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6. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

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