

DPI Adaptive Fitness-New Client Intake

Informed Consent

I, (print name) _____, give my consent to participate in the physical fitness evaluation program conducted by DPI Adaptive Fitness.

BENEFITS

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power, endurance, improved mobility, function, mood and decreased overall stress.

RISKS

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack).

I hereby certify that I know of no medical problem (except those noted below) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

TESTING AND EVALUATION RESULTS

I understand that I will undergo initial testing to determine my current physical fitness status (1:1 assessment). The use of Pictures may be implemented as baseline and ongoing measurements; I agree to release the use of pictures for educational purpose to (DPI). The testing will consist of completing this health inventory, taking a step test or bicycle ergometer test for cardiovascular fitness, functional movement screens and being tested for muscular fitness and body composition.

I further understand that such screening is intended to provide (DPI) with essential information used in the development of individual fitness programs.

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I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician.

I will be provided a copy of all test results. I may share the results with whomever I please, including my personal physician.

By signing this consent form I understand that I am personally responsible for my actions during my tenure at (DPI) whether in a group format or individual session and that I waive the responsibility of this group (DPI) if I should incur any injury as a result of my own negligence.

PARTICIPANT'S SIGNATURE

AGE

DISABILITY

DATE

PARTICIPANT'S PRINTED NAME

EMAIL ADDRESS

ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP

EMERGENCY CONTACT

PHONE #

RELATIONSHIP

GUARDIAN'S SIGNATURE

GUARDIAN'S PRINTED NAME

TELEPHONE NUMBER

DATE

WITNESS

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Confidentiality Agreement

I, _____ understand that the information collected by

DPI Adaptive Fitness & Personal Training will be used for fitness evaluation purposes and for the design, implementation, progression, and maintenance of an individualized fitness program only.

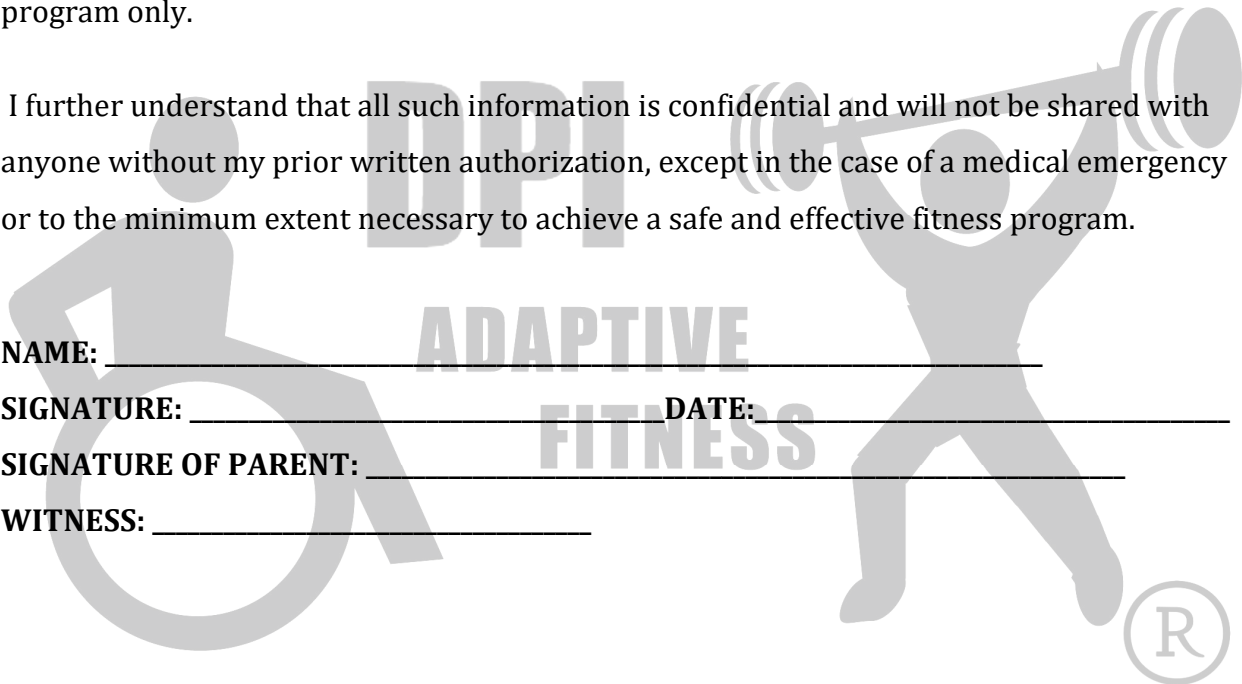
I further understand that all such information is confidential and will not be shared with anyone without my prior written authorization, except in the case of a medical emergency or to the minimum extent necessary to achieve a safe and effective fitness program.

NAME: _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT: _____

WITNESS: _____



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Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Date: _____

A Questionnaire for People Aged 15 to 69

Regular physical activity is fun and healthy, and 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.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

YES NO

2. Do you feel pain in your chest when you do physical activity?

YES NO

3. In the past month, have you had chest pain when you were not doing physical activity?

YES NO

4. Do you lose your balance because of dizziness, or do you ever lose consciousness?

YES NO

5. 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?

YES NO

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

YES NO

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7. Do you know of any other reason why you should not do physical activity?

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 to 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 that 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.

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.

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.

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.

Signature

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Medical Screening

PLEASE FILL OUT ALL INFORMATION REQUESTED BELOW

Name: _____ **Date:** _____

Please indicate in the space provided if you have a history of the following:

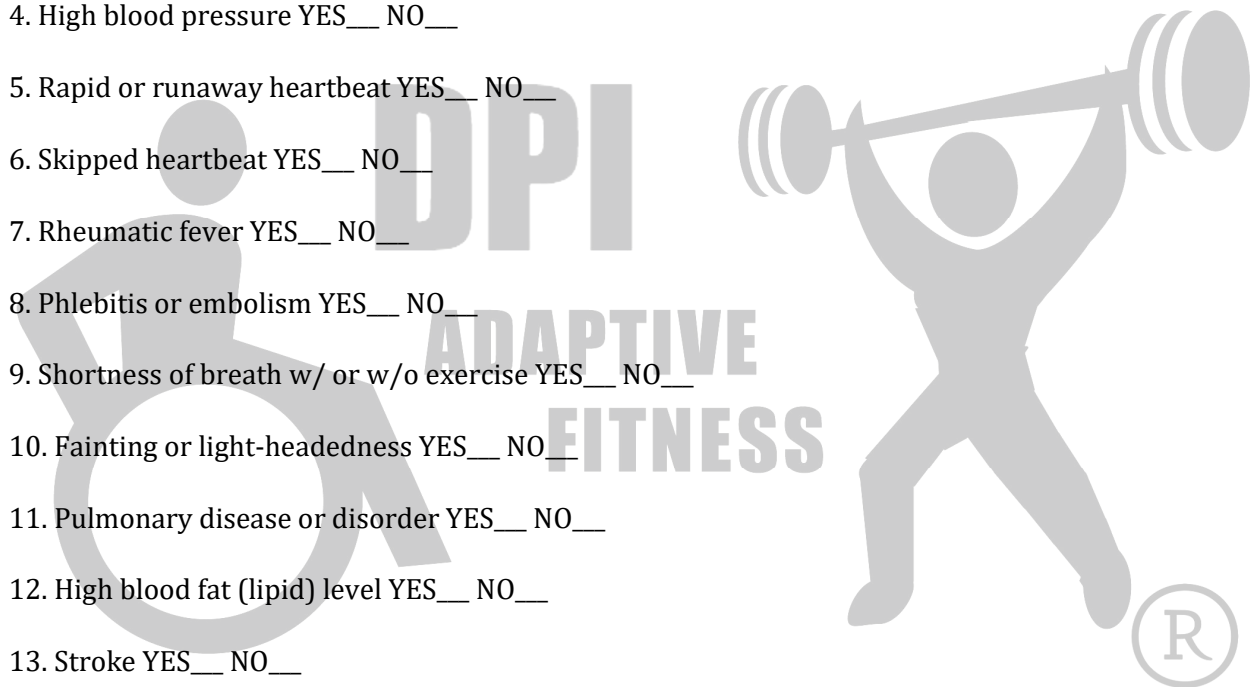
1. Heart attack YES__ NO__
2. Bypass or cardiac surgery YES__ NO__
3. Chest discomfort with exertion YES__ NO__
4. High blood pressure YES__ NO__
5. Rapid or runaway heartbeat YES__ NO__
6. Skipped heartbeat YES__ NO__
7. Rheumatic fever YES__ NO__
8. Phlebitis or embolism YES__ NO__
9. Shortness of breath w/ or w/o exercise YES__ NO__
10. Fainting or light-headedness YES__ NO__
11. Pulmonary disease or disorder YES__ NO__
12. High blood fat (lipid) level YES__ NO__
13. Stroke YES__ NO__
14. Recent hospitalization for any cause YES__ NO__

List specifics:

15. Orthopedic problems (including arthritis) YES__ NO__

List specifics:

FOR ANY OF THE CONDITIONS CHECKED ABOVE, PLEASE LIST THE DIAGNOSIS AND EXAMINING PHYSICIAN:



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Medical Release

It is my understanding that _____ will be participating in an Adaptive fitness evaluation and exercise program.

This patient is permitted to participate in the following activities.

(Please check all that apply.)

1. Comprehensive physical fitness assessment including:

- submaximal aerobic capacity test for cardiovascular endurance
- resting heart rate, resting blood pressure
- body composition analysis
- flexibility
- baseline upper and lower body strength measures
- baseline upper and lower body endurance measures
- other: _____

2. Exercise/post rehabilitation program including:

- resistance exercise program
- cardiovascular exercise program
- nutritional recommendations
- other: _____

Please check the appropriate response:

- This patient may participate with no restrictions.
- This patient may participate with the following limitations:
- This patient may not participate. (If checked, the individual will not be accepted.)
- Other: _____

Diagnosis/Recommendations/Comments:

PHYSICIAN NAME (please print): _____

PHYSICIAN SIGNATURE: _____ DATE: _____

PARTICIPANT NAME (please print): _____

PARTICIPANT SIGNATURE: _____ DATE: _____

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Health History

Name: _____ Date of Birth: _____ Age: _____

Email: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

In case of emergency, please notify:

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

MEDICAL:

Physician: _____ Phone: _____

Are you under the care of a physician, chiropractor, or other health care professional for any reason? Yes ___No___

If yes, list reason: _____

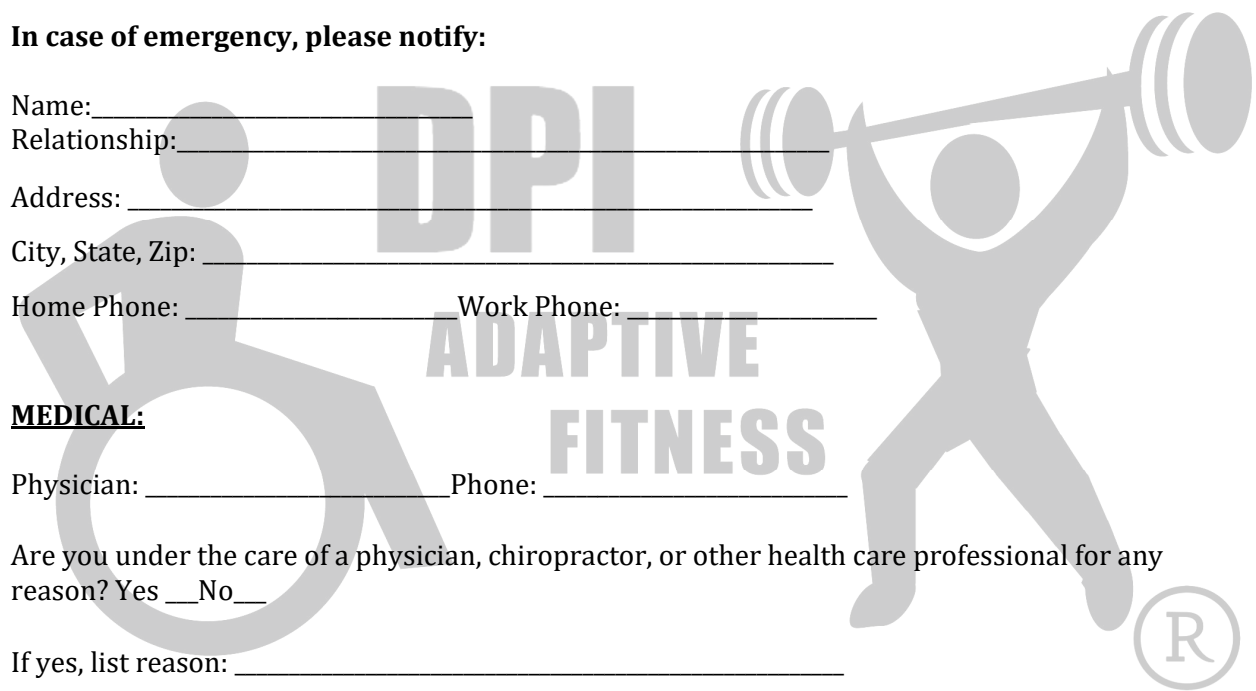
Are you taking any medications? Yes ___No___

(If yes, complete the following)

Type: _____

Dosage/Frequency: _____

Reason for Taking: _____



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Please list any allergies: _____

Has your doctor ever said your blood pressure was too high? Yes___ No___

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? Yes___ No___

Are you over the age of 65? Yes___ No___

Are you unaccustomed to vigorous exercise? Yes ___No___

Is there reason not mentioned why you should not follow a regular exercise program? Yes___ No___

If yes, please explain:

Have you recently experienced any chest pain associated with either exercise or stress? Yes ___No___

If yes, please explain:

Please check the box that describes your current habits:

Smoking:

- Non-user or former user; Date quit: _____
- Cigar and/or pipe
- 15 or less cigarettes per day
- 16 to 25 cigarettes per day
- 26 to 35 cigarettes per day
- More than 35 cigarettes per day

Alcohol:

- Non-user
- 1-2 drinks/day
- 2 or more/day

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Caffeine:

- None
- 1-2 drinks/day
- 2 or more/day

MUSCULOSKELETAL INFORMATION:

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head/Neck: _____

Upper back: _____

Shoulder/Clavicle: _____

Arm/Elbow: _____

Wrist/Hand: _____

Lower Back: _____

Hip/Pelvis: _____

Thigh/Knee: _____

Arthritis: _____

Hernia: _____

Surgeries: _____

Other: _____

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What are your expectations from working with DPI Adaptive Fitness & Personal Training: (check all that apply)?

- Improve strength for function- Please explain (car transfers, walking endurance, etc....)
- Lose weight, improve body composition
- Improve for sport
- Improve overall health & wellness including nutrition

Please list any other goals you would like to address:

Baseline Testing: (DPI STAFF ONLY)

Push up Test (1 min) _____

Sit up Test (1 min) _____

Squat Test (1 min) _____

Stork Test for balance (30 sec) R: ___ L: ___

Seated Trunk balance test (30 sec) _____

Transfer Testing: _____

Get up & Go Test: _____

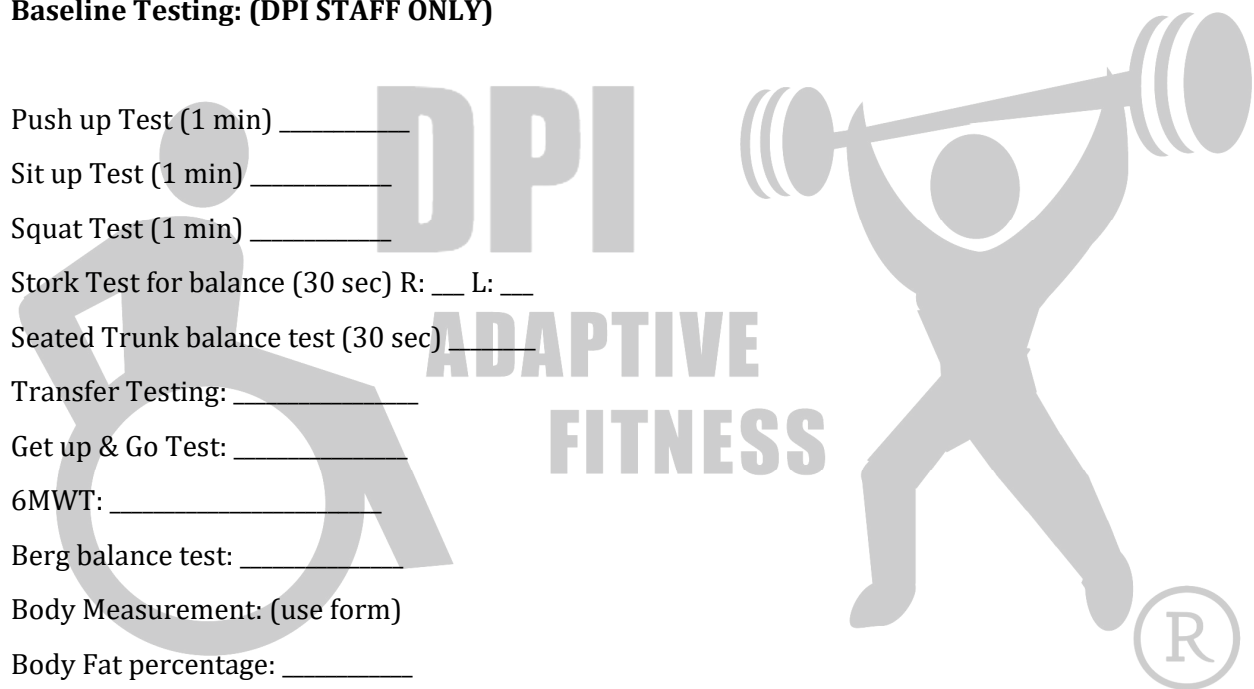
6MWT: _____

Berg balance test: _____

Body Measurement: (use form)

Body Fat percentage: _____

Weight: _____



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Client/Trainer Agreement

1. Fees

Payment of fees for adaptive fitness sessions, memberships, or group classes will be due prior to the beginning of sessions or classes.

We accept all major credit cards. All credit card purchases are subject to a 3% convenience fee

We accept check payments and are set up to keep checking info on file for automatic transfers which is not subject to the 3% convenience fee.

Cash payments are also acceptable

2. Scheduling

Sessions are to be made by appointment only to reserve your time slot. Appointments can be made in person or by phone, but only with the assigned trainer.

3. Cancellations

Cancellations must be made at least within a 24-hour period to allow for the trainer to utilize the time slot accordingly. Abuse of our cancellation policy (2 no shows or cancellations) will incur a 1/2 session charge

4. Photo use

We love to educate and highlight all of the hard work and goals achieved in our adaptive gym. It is not uncommon to see photos of classes or sessions on our social media or in our educational presentations to the community. Your participation in our programming may result in your likeness being used in such posts or presentations.

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5. Hard work

We are a results driven, progress oriented adaptive fitness gym. We will push to achieve your goals while ensuring a safe adaptive environment, only utilizing safe effective programming individualized to your goals and needs. We ask that you come focused, determined and ready to work really hard for results

Date: _____ Client
Name: _____

Client
Signature: _____

Adaptive Trainer Signature: _____

