JM3 Health and Fitness LLC.

Confidentiality Agreement

PLEASE READ THE BELOW STATEMENT AND SIGN WHERE INDICATED.

I, _____ understand that the information collected by **JM3 Health and Fitness LLC.** _____ 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: _____
or GUARDIAN (for participants under the age of majority)

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JM3 Health and Fitness LLC.

Intake Questionnaire

Please Discuss The Following With All New Clients At Your First meeting

- **Why did you respond to our advertisement?**
  - a) What were you curious about?
  - b) What do you think we do?
  - c) Why would you be interested in that?
  - d) Ideally, what would you like us to do for you?
  - e) Why is that important?
  - f) How would it change your life?
- **Let me start out by giving you our definition of fitness.**
  - a) Experiencing abundant physical health.
  - b) Absence of pain, discomfort, illness, and disease.
  - c) Experiencing vitality and high energy, sufficient to enable one to do what one wants.
  - d) Looking attractive and fit, proud of one's appearance.
  - e) Capable of living a long, healthy life.
  - f) Able to participate in sports and active recreational activities.
  - g) Having a healthy emotional and mental outlook fostered by the foundation of feeling good.

    Do you agree with this definition?

    Is there anything you would add or delete?
- **What is the current state of your fitness?**
  - a) On a scale of 0-10 with 0 being barely alive and 10 being totally fit, how do you rate your fitness?
  - b) What illnesses or medical conditions do you have?
  - c) How is your energy level?
  - d) How would you rate the quality of your nutritional intake?
  - e) Do you feel refreshed and energized after sleep?
  - f) Is your sex life fulfilling? *(Don't ask this of clients of the opposite sex as it may be misconstrued.)*
  - g) What areas of your personal fitness would you like to improve?
  - h) What specific thing would you like to change? What else?

    What else?
  - i) If you could improve or change all these things, what would it mean to you?
  - j) How would it impact your feelings of self worth?
  - k) Do you think you deserve to be fulfilled in this area of your life?
- **What is your current fitness program?**
  - a) Exercises:
  - b) Nutrition and supplementation:
  - c) What do you know about how to improve your conditioning?
- **How well is your current fitness program working for you?**
  - a) Why isn't it working?
  - b) Are you willing to make some changes?
  - c) Do you care enough about your own well-being to make it a priority?
- **Aside from financial cost, is there anything that would stop you from embarking on a fitness program?**

  (Overcome all non-cost objections before proceeding.)
- **If you had everything you wanted in life except for good health, would that be satisfactory?**
  - a) How much do you pay for medical insurance?
  - b) How much do you pay for doctor bills?
  - c) Given the expensive cost of health care after one gets sick, doesn't it make sense to you to spend a little money to prevent health problems?
  - d) How much is your health worth?
- **If there were an affordable program that could give you everything you want in the way of health and fitness, would you do it?**

  When?_____ *(If they are not willing to act now, you should terminate interview at this point and ask them to come back when they are ready to make a change.)*

continued on back

JM3 Health and Fitness LLC.

Intake Questionnaire

Please Discuss The Following With All New Clients At Your First Meeting

Okay (Name), let me tell you a little about my experience and my personal philosophy of fitness. In working with clients, I like to focus on... (expand). I have lots of experience in... (expand on your areas of expertise). Most of my clients are able to achieve their goals because... (expand on your motivational skills).

Another reason for my high success rate is that I confine my practice to only those individuals who are really serious about improving their fitness. Are you? (Answer.)

Okay (Name), the next step is to set up an introductory session so that we can get a feel for how effectively we can work together. The session will last for forty-five minutes and the cost is just $.

At the end of the introductory session, we'll make a decision as to whether you should become my regular client or not. If the decision is "no" we'll just part as friends. If it's "yes," I'll ask you to commit to a series of sessions and we'll carefully define your goals and make sure that you reach them. Does that sound fair to you? (Yes.)

Good. What time of the day works best for you for the sample session… morning, afternoon, or evening? (Answer) Okay, I have two time slots open this week. (Tuesday at one o'clock or Wednesday at two o'clock) Which is better for you? (Choice.) Great, then I'll see you at (time). (While shaking hands enthusiastically...) It's been a pleasure meeting you.

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PAR-Q and YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly 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 to 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.

YES	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?**
❑	❑	**2. Do you feel pain in your chest when you do physical activity?**
❑	❑	**3. In the past month, have you had chest pain when you are not doing physical activity?**
❑	❑	**4. Do you lose your balance because of dizziness or do you ever lose consciousness?**
❑	❑	**5. Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?**
❑	❑	**6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
❑	❑	**7. Do you know <u>any other reason</u> 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 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 which 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 to you.

NO to all questions

If you answered NO honestly to <u>all</u> 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.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait unit you feel better; **or**
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell you fitness or health professional. Ask whether you should change your physical activity plan.

<u>Informed use of the PAR-Q:</u> The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

<u>NOTE:</u> If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT: _____ WITNESS: _____
or GUARDIAN (for participants under the age of majority)

NOTE: This physical activity clearance is valid for a maximum of 12 months form the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

International Sports Sciences Association

JM3 Health and Fitness LLC.

Screening Questionnaire

Please Fill Out All Information Below

Name:	Date of Birth:	Age:
Address:		
City, State, Zip:		
Home Phone:	Work Phone:	
Employer:	Occupation:	

Please Check The Box For The Appropriate Answer

Has your doctor ever said you have heart trouble?	❒ Yes	❒ No
Have you ever had angina pectoris, sharp pain, or heavy pressure in your chest as a result of exercise, walking, or other physical activity such as climbing stairs? *(Note: This does not include the normal out of breath feeling that results from normal activity)*	❒ Yes	❒ No
Do you experience any sharp pain or extreme tightness in your chest when you are hit with a cold blast of air?	❒ Yes	❒ No
Have you ever experienced rapid heart action or palpitations?	❒ Yes	❒ No
Have you ever had a real or suspected heart attack, coronary occlusion, myocardial infarction, coronary insufficiency, or thrombosis?	❒ Yes	❒ No
Have you ever had rheumatic fever?	❒ Yes	❒ No
Do you have diabetes, hypertension, or high blood pressure?	❒ Yes	❒ No
Does anyone in your family have diabetes, hypertension, or high blood pressure?	❒ Yes	❒ No
Has more than one blood relative (parent, sibling, first cousin) had a heart attack or coronary artery disease before the age of 60?	❒ Yes	❒ No
Have you ever taken medications or been on a special diet to lower your cholesterol?	❒ Yes	❒ No
Have you ever taken digitalis, quinine, or any other drug for your heart?	❒ Yes	❒ No
Have you ever taken nitroglycerine or any other tablets for chest pain—tablets you take by placing under the tongue?	❒ Yes	❒ No
Are you overweight?	❒ Yes	❒ No
Are you under a lot of stress?	❒ Yes	❒ No
Do you drink excessively?	❒ Yes	❒ No
Do you smoke cigarettes?	❒ Yes	❒ No
Do you have a physical condition, impairment or disability, including a joint or muscle problem, that should be considered before you undertake an exercise program?	❒ Yes	❒ No
Are you more than 65 years old?	❒ Yes	❒ No
Are you more than 35 years old?	❒ Yes	❒ No
Do you exercise fewer than three times per week?	❒ Yes	❒ No

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JM3 Health and Fitness LLC.

Client Dietary Worksheet

Please Fill Out All Information Below

Date:				Day:
Time	Food and Amount	Grams		
		Protein	Carbs	Fat

JM3 Health and Fitness LLC.

Exercise History Questionnaire

Exercise History Information

Are you currently involved in a regular exercise program? ❒ Yes ❒ No

Do you regularly walk or run 1 or more miles continuously? ❒ Yes ❒ No

If yes, what is the average number of miles you cover in a workout? _____

What is your average time per mile? _____

Do you practice weightlifting or calisthenics? ❒ Yes ❒ No

Are you involved in an aerobic program? ❒ Yes ❒ No

If yes, what type(s)? _____

Do you frequently compete in competitive sports? ❒ Yes ❒ No

If yes which one(s)?

- ❒ Golf
- ❒ Bowling
- ❒ Tennis
- ❒ Handball
- ❒ Soccer
- ❒ Basketball
- ❒ Volleyball
- ❒ Football
- ❒ Baseball
- ❒ Track
- ❒ Other:_____
- ❒ Average number of times per week:_____

In which of the following high school or college athletics did you participate?

- ❒ None
- ❒ Football
- ❒ Basketball
- ❒ Baseball
- ❒ Soccer
- ❒ Other:_____
- ❒ Track
- ❒ Swimming
- ❒ Tennis
- ❒ Wrestling
- ❒ Golf

Do you frequently compete in competitive sports?

- ❒ Walking and/or Running
- ❒ Swimming
- ❒ Stationary Biking
- ❒ Jumping Rope
- ❒ Basketball
- ❒ Other:_____
- ❒ Bicycling (outdoors)
- ❒ Stationary Running
- ❒ Tennis
- ❒ Handball
- ❒ Squash

Comments:_____

_____

_____

_____

_____

_____

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NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT: _____ WITNESS:_____
or GUARDIAN (for participants under the age of majority)

JM3 Health and Fitness LLC.

Informed Consent

PLEASE FILL OUT ALL INFORMATION REQUESTED BELOW

I, (print name) _____ , give my consent to participate in the physical fitness evaluation program conducted by JM3 Health and Fitness LLC.

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 and endurance.

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. The testing will consist of completing this health inventory, taking a step test or bicycle ergometer test for cardiovascular fitness, and being tested for muscular fitness and body composition.

I further understand that such screening is intended to provide JM3 Health and Fitness LLC. with essential information used in the development of individual fitness programs. 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 JM3 Health and Fitness LLC. , and that I waive the responsibility of this center if I should incur any injury as a result of my negligence.

NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT: _____ WITNESS: _____
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Medical History Questionnaire

PLEASE FILL OUT ALL INFORMATION REQUESTED BELOW

Member's 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 wo/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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JM3 Health and Fitness LLC.

Health History Questionnaire

Answer Each Question By Printing The Necessary Information. Your Answers Are Confidential.

Name:	Date of Birth:	Age:
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 Information

Physician:	Phone:	
Are you under the care of a physician, chiropractor, or other health care professional for any reason? If yes, list reason:	❒ Yes	❒ No
Are you taking any medications? *(If yes, complete the following)* Type: Dosage/Frequency: Reason for Taking:	❒ Yes	❒ No
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

Health History Questionnaire

Medical Information, continued

Is there any 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:

Smoking

Please check the box that describes your current habits:

- ❒ 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

Family and Personal Medical History

If there is family history for any condition, please check the box to the left. If you are personally experiencing any of these conditions, fill the information in on the line to the right.

- ❒ Asthma:_____
- ❒ Respiratory/Pulmonary Conditions:_____
- ❒ Diabetes: Type I:_____ Type II:_____ How Long?_____
- ❒ Epilepsy: Petite Mal:_____ Grand Mal:_____ Other:_____
- ❒ Osteoporosis:_____

Lifestyle and Dietary Factors

Please fill in the information below:

- ❒ Occupational Stress Level: ❒ Low / ❒ Medium / ❒ High
- ❒ Energy Level: ❒ Low / ❒ Medium / ❒ High
- ❒ Caffeine Intake/Daily:_____ ❒ Alcohol Intake/Weekly:_____
- ❒ Colds Per Year:_____ ❒ Anemia:_____
- ❒ Gastrointestinal Disorder:_____
- ❒ Hypoglycemia:_____
- ❒ Thyroid Disorder:_____
- ❒ Pre/Postnatal:_____

Cardiovascular

Please fill in the information below:

- ❒ High Blood Pressure:_____ ❒ Hypertension:_____
- ❒ High Cholesterol:_____
- ❒ Hyperlipidemia:_____
- ❒ Heart Disease:_____
- ❒ Heart Disease:_____
- ❒ Heart Attack:_____ ❒ Stroke:_____
- ❒ Angina:_____ ❒ Gout:_____

Health History Questionnaire

Family and Personal Medical History, continued

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:_____

Nutritional Information

Are you on any specific food/diet plan at this time? If yes, please list:	❒ Yes	❒ No
Do you take dietary supplements? If yes, please list:	❒ Yes	❒ No
Do you experience any frequent weight fluctuations?	❒ Yes	❒ No
Have you experienced a recent weight gain or loss? If yes, list change: Over how long?	❒ Yes	❒ No
How many beverages do you consume per day that contain caffeine?		
How would you describe your current nutritional habits?		
Other food/nutritional issues you want to include *(food allergies, mealtimes, etc.)*		

Health History Questionnaire

Work And Exercise Habits

Please check the box that best describes your work and exercise Habits.

- ❒ Intense occupational and recreational exertion
- ❒ Moderate occupational and recreational exertion
- ❒ Sedentary occupational and intense recreational exertion
- ❒ Sedentary occupational and moderate recreational exertion
- ❒ Sedentary occupational and light recreational exertion
- ❒ Complete lack of all exertion

To what degree do you perceive your environment as stressful?

Work: ❒ Minimal ❒ Moderate ❒ Average ❒ Extremely

Home: ❒ Minimal ❒ Moderate ❒ Average ❒ Extremely

Do you work more than 40 hours a week? ❒ Yes ❒ No

Please make any other comments you feel are pertinent to your exercise program.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT: _____ WITNESS: _____
or GUARDIAN (for participants under the age of majority)

JM3 Health and Fitness LLC.

Medical Release

Please complete the following information

It is my understanding that _____ will be participating in a 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/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:

Signature

PHYSICIAN NAME *(please print)*

PHYSICIAN SIGNATURE DATE

PARTICIPANT NAME *(please print)*

PARTICIPANT SIGNATURE DATE

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Additional Resources

Contents

Letter Writing

Writing Referral Cards

For additional assistance please call our Technical Department to speak with an on-staff Master Trainer at 1.800.892.4772.

Letter Writing

Letters of Introduction

A professional letter written to a prospect may be one of the single most important marketing strategies you can develop. Even if prospects don't read flyers, or answer all of their phone messages immediately, most people read their mail every day. That letter may convince them to make that call that they have thought about, but have not acted on yet.

A sample letter would read something like this:

Dear (Name),

In response to your recent inquiry about personal training, I would like to tell you a bit about my professional qualifications.

I'm certified by The International Sports Sciences Association as a Certified Fitness Trainer. This certification is the most prestigious in the industry and it qualifies me to work with virtually any individual wishing to improve their fitness.

I've been a trainer since (Year) and have worked with more than (number) clients in my career. I have abundant in-depth experience with virtually every form of exercise but most of my clients say that my greatest asset is my ability to motivate and inspire people.

I invite you to call me at (phone number) any morning between 9 A.M. and 10 A.M. so we can discuss your fitness objectives and see if I may be of service to you.

Sincerely,

John Q. Trainer

Writing Referral Cards

Referral Cards

Many doctors and allied health practitioners like to do business (i.e.: patient referrals) through referral cards. These are printed pieces that give brief descriptions of the services that are going to take place. If these professionals are familiar with your work, and are willing to refer, then this card may be ideal for them to give to patients who may wish to work with you when they have completed their initial health care.

Trainer's Best Fitness Services
1101 South Broadway Avenue, Suite 200
Los Angeles, CA 90020
213-555-9890

Name of Patient:_____

Date:_____ Referring Physician:_____

Diagnosis: _____

_____

_____

Type of Service(s):

Exercise Training: _____

Stretching and Movement: _____

Aerobic/Cardiovascular Conditioning: _____

Sports Conditioning (list event): _____

Specific Recommendations: