

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: _____					
Physician's Name: _____			Physician's Phone: _____		
Physician's Address: _____					
Street		City		State Zip Code	
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.					

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



I have answered the information in this CIQ to the best of my ability.

I have reviewed this information with client named above.

Client Signature Date: _____

Staff Signature Date: _____

History

Health

Do you have any health conditions that may affect your ability to exercise? If so, please describe:

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?

Goal Setting

How can we best help you? Please check as many as you like.

- Lose Body Fat
- Nutrition Education
- Tennis Skills
- Core Training
- More Fun with exercise!
- Develop Muscle Tone
- Start an Exercise Program
- Balance/Agility Training
- Sports Specific Training
- Rehabilitate an Injury
- Design a more Advanced Program
- Train my Metabolism
- Motivation

Please list in order of priority, the fitness, tennis, and/or health goals you would like to achieve in the next 3-12 months:

a) _____

b) _____

c) _____

What is your primary reason for these goals?

What is your secondary reason for these goals?

How will you feel once you've achieved these goals? Be specific.

Where do you rate health in your life? Low priority Medium Priority High priority

How committed are you to achieving your fitness goals? Very Semi Not very

Motivation

What do you think are the most important things we can do to help you achieve your fitness, tennis, and/or health goals?

Getting Fit, Playing Hard, & Enjoying Life!

Bellingham Tennis Club & Fairhaven Fitness 800 McKenzie Ave. Bellingham, WA 98225
www.bellinghamtennis.com 360-733-5050 www.fairhavenfitness.us

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)? _____
6. Have you ever belonged to a health club and/or tennis club before? YES NO

If yes, please check the areas you used:

- | | | |
|---------------------------------------|---|-----------------------------------|
| <input type="radio"/> Circuit Weights | <input type="radio"/> Group Classes | <input type="radio"/> Tennis |
| <input type="radio"/> Free Weights | <input type="radio"/> Personal Training | <input type="radio"/> Racquetball |
| <input type="radio"/> Cardio Machines | <input type="radio"/> Stretching Area | <input type="radio"/> Squash |

Other: _____

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
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Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
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List exercises: _____

Stretching	Frequency/Week	Average Length
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5. Please check all the activities that interest you:

- | | | |
|---|---|--|
| <input type="radio"/> Group Fitness Classes | <input type="radio"/> Walking | <input type="radio"/> Tennis – Social |
| <input type="radio"/> Personal Training | <input type="radio"/> Hiking | <input type="radio"/> Tennis – Lessons |
| <input type="radio"/> Partner Training | <input type="radio"/> Running | <input type="radio"/> Tennis – Competition |
| <input type="radio"/> Group Personal Training | <input type="radio"/> Stretching | <input type="radio"/> Club Socials – meet others! |
| <input type="radio"/> Cycling: <input type="radio"/> Indoor <input type="radio"/> Outdoor | <input type="radio"/> Yoga | <input type="radio"/> Triathlon |
| <input type="radio"/> Cycling – Mt. Bike | <input type="radio"/> Pilates | <input type="radio"/> Snowshoeing |
| <input type="radio"/> Cycling – Road Bike | <input type="radio"/> Kayaking/Canoeing/Rafting | <input type="radio"/> Snowboard <input type="radio"/> Skiing <input type="radio"/> XC Skiing |

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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	<input type="radio"/> YES	<input type="radio"/> NO
Small group lessons	<input type="radio"/> YES	<input type="radio"/> NO
Clinics	<input type="radio"/> YES	<input type="radio"/> NO
Skills & Drills	<input type="radio"/> YES	<input type="radio"/> NO
Game Arranging	<input type="radio"/> YES	<input type="radio"/> NO

Developing Your Fitness, Tennis, and Health 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?

Mon Tue Wed Thu Fri Sat Sun
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