Wellness Center
5625 Hudson Drive
Hudson, OH 44236
330.342.4400

Physical Activity Readiness Questionnaire

Name		Date
Address		DOB
City	State	Zip Code
Phone	Email	

1	Is this your first visit to Summa Health Wellness Center?	☐ Yes	☐ No
2	Are you currently a member at another facility?	☐ Yes | Where?	☐ No

3	How did you hear about us?	
	☐ Friend/Neighbor	☐ SHWC Member | Please specify
	☐ Summa Health System	☐ Other | Please specify
	☐ Website/Social Media	☐ Previous Member

Guest

☐ Local Guest/Prospect

	Date	Member Name	Initials
1			
2			
3			
4			

☐ Out of Town Guest

	Date Purchased	Expiration Date	Initials
1			
2			
3			
4			

Prospect

Pass Type	Date Issued	Expiration Date

Pre-Activity Screening

Regular physical activity is enjoyable, safe, and healthy for most people. However, some individuals may have health-related risks that might be aggravated by participation in a physical activity program, and as a result, might require them to check with their physician prior to embarking on a physical-activity program. To help determine if there is a need for you to see your physician before beginning an exercise program, please answer the following questions carefully. All information will be kept strictly confidential.

1	Has your physician ever told you that you have a heart condition?	☐ Yes	☐ No
2	Do you experience pain in your chest when you are physically active?	☐ Yes	☐ No
3	In the past month, have you experienced chest pain when not performing physical activity?	☐ Yes	☐ No
4	Do you lose balance because of dizziness or do you ever lose consciousness?	☐ Yes	☐ No
5	Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity?	☐ Yes	☐ No
6	Is your physician currently prescribing medications for your blood pressure or a heart condition?	☐ Yes	☐ No
7	Do you know of any other reason why you should not participate in a physical activity program?	☐ Yes	☐ No

If you answered yes to any of the questions above, it is recommended that you consult with your physician, by phone or in person, prior to a fitness test or participating in a physical activity program.

Emergency Contact

Name	
Relation	Phone

Exercise Release

I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any facility exercise program, sport or physical activity. I hereby waive all claims against Summa Health Wellness Center, its instructors, or partners of said program, individually or otherwise, for any and all claims for injuries or damages that I might sustain.

I understand that there is a risk of injury associated with participating in any facility exercise, program or sport activity and I certify that I am in good physical condition and have no disabilities that might otherwise be detrimental to my health or well-being. I certify that all of the information provided on this application is correct and true.

All applicants must sign. Parents or guardians must sign if applicant is UNDER 18.

Signature	Date
Parent/Guardian Signature	Date

Summa Health

Wellness Center

Health History Questionnaire

All questions contained in this questionnaire are strictly confidential and will become part of your member record.

Name	Gender Identity	DOB
Primary Care Physician	PCP Phone #	PCP Fax #

Personal Health History

What is your current level of physical activity?	
☐	Light | Less than 30 minutes, at least 3 days per week | Ex. Slow walk
☐	Moderate | 5 days per week, heart rate increases, begin to perspire | Ex. Brisk walking
☐	Vigorous | At least 30 minutes, 5 days per week, heart rate increases significantly | Ex. Jogging/running

Please check all that apply to your health history:

I. Known Cardiovascular Disease, Pulmonary, Metabolic Disease (PCF Required)							
☐	Heart Surgery – explain	☐	COPD				
		☐	Asthma				
☐	Heart Attack	☐	Dizziness, fainting or blackout while at rest				
☐	Congestive Heart Failure	☐	Chest pain with exertion				
☐	Coronary Artery Disease	☐	Shortness of breath while at rest				
☐	Congenital Heart Defect	☐	Shortness of breath with activity				
☐	Arrhythmias/Heart Beat Irregularities	☐	Diabetes				
☐	Peripheral Vascular Disease		☐	Type 1	☐	Controlled	☐ Uncontrolled
☐	Cerebrovascular Disease		☐	Type 2	☐	Controlled	☐ Uncontrolled
☐	Stroke						

II. Other Health Issues (2 or more = Precautionary PCF/or if exercise specialist deems it necessary)			
☐	You take blood pressure medications	☐	Cancer – please list
☐	You take cholesterol medications		
☐	Prediabetes	☐	Epilepsy or seizure
☐	Pregnant	☐	Arthritis ☐ Osteo ☐ Rheumatoid
☐	Multiple Sclerosis	☐	Fibromyalgia
☐	Parkinson's		

III. Cardiovascular Risk Factors (3 or more = Precautionary PCF)	
☐	You have a first degree relative who had a heart attack or heart surgery before age 55 (male) or age 65 (female)
☐	You have high blood pressure | SBP≥140mmHg **or** DBP≥90mmHg
☐	Your blood cholesterol is greater than 200 mg/dL **or** HDL<40 mg/dL **or** LDL>130mg/dL
☐	You smoke or quit smoking within the previous 6 months
☐	You are a man older than 45 years of age
☐	You are a woman older than 55 years, have had a hysterectomy, or you are postmenopausal
☐	You are physically inactive (i.e., you get less than 30 minutes of physical activity on at least 3 days per week)
☐	You are greater than 20 pounds overweight

Please list any hospitalizations and/or surgeries within the past 10 years:

Please list any athletic or orthopedic injuries:

Please list prescription medications for blood pressure, cholesterol, or diabetes:	

Based on certain risk factors, we may be required to obtain a physician's consent form before your fitness assessment is scheduled. A fitness staff member will review your health history form upon completion and provide you with a physician's consent form if necessary.

I certify that all information I have provided on this form is true and accurate.

Signature	Date
Parent/Guardian Signature (if under 18)	Date
Fitness Staff Signature	Date

Wellness Center

Personal Training Client Agreement

General Information

- Summa Health Wellness Center personal trainers are certified through a nationally accredited personal training certification agency.
- Clients may choose their preferred personal trainer or request one be assigned to them. The Personal Training Manager will assign a personal trainer based upon client goals and availability.
- All clients are required to complete the necessary forms prior to personal training:
    - Physical Activity Readiness Questionnaire (PARQ)
    - Health History Questionnaire
    - Physician Consent Form | If necessary
    - Personal Training Questionnaire
    - Personal Training Client Policies & Procedures
- Clients must have a fitness assessment prior to personal training. The assessment will be modified to meet client's needs and goals.
- All personal training sessions have an expiration date determined from the time of purchase. The expiration period is as follows:
    - Session packages of 12 and under = 6 month expiration
    - Session packages of more than 12 = 12 month expiration
- Personal training sessions are available to members and non-members 10 years and older.
- Clients are not permitted to personal train with non-Summa Health Wellness Center employees in the facility.
- Clients are not permitted to bring other individuals with them to the sessions unless they are participating in a group session.
- Clients are expected to observe all Summa Health Wellness Center rules, guidelines, policies, and procedures, including those specific to personal training.

Session Policies

- Sessions must be paid for prior to training. *Clients will be required to have payment on file at SHWC and will be charged if a session is completed without payment*.
- Cancelling or rescheduling a personal training session(s) must occur 24 hours prior to the start of the session by contacting the trainer.
    - Credit for sessions will not be given on a cancellation of less than 24 hours or a "no show."
    - The trainer is permitted to charge the client for a "no show" or late cancellation.
- If a trainer must cancel or reschedule, he/she must do so within 12 hours prior to the start of the session.
    - If the trainer does not show for a mutually scheduled session, the session will be made up and the client will receive an additional free session.
- If the client is late, it is at the discretion of the trainer to either train for the remaining allotted time or reschedule. The trainer is not responsible for making up a client's lost time.
- If the trainer is late, the trainer is obligated to make up the lost time at the convenience of the client.
- If at any time you are not satisfied with your trainer, please contact Matt Riede, Personal Training Manager, at 330.655.8016.

I have read the above, been given the opportunity to ask questions, considered its effects, understand its content, and agree to the terms as stated above.

Signature	Date
Parent/Guardian Signature (if under 18)	Date

Revised 5/17/23

Summa Health™

Wellness Center

Personal Training Questionnaire

Member Name	Age	Date
Gender Identity	Phone	
Email	Preferred Method of Contact	
Referred by current client? Yes No Client name:		

1. What is your trainer preference? | Select one ☐ Female ☐ Male ☐ No Preference

2. What days and times are you available? | Select all that apply

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ Morning ☐ Afternoon ☐ Evening

a. If possible, please specify times.

b. Length of session desired ☐ 30 minutes ☐ 1 hour

3. How many times per week would you like to train?

4. Are you currently exercising? If so, please describe your activity?

5. What are your exercise goals?

6. Do you have any physical restrictions/special needs? ☐ Yes | Please specify ☐ No

7. Is there any other information about you that you would like your personal trainer to know?
Ex. Training for half marathon, need someone to motivate you, need help with balance and coordination, etc.

☐ Yes | Please specify ☐ No