

To get started with an Inspired Performance Coaching program, or just to have a detailed conversation about how one of our programs can help you, please fill out this form as completely as possible. If you are starting your program, click on the "Submit and Pay" button at the end of the form. To receive a call to discuss our programs and how they can help, click on "Submit for More Information".

* Denotes Required Field



Contact and Basic Information

***First Name:** _____

***Last Name:** _____

Address: _____

City: _____

***State:** _____

Zip Code: _____

Gender: Female Male

Resting Heart Rate (upon waking), if known: _____

Birth Date(mm/dd/yyyy): _____

Weight: _____

Height: _____

Best way to contact you?: Email Phone Both Other

***Phone Numbers:** _____

***E-mail Address:** _____

***Confirm your e-mail Address:** _____

Best time to contact you: _____

Which sport(s) are you seeking coaching for?: _____

Do you have a Coupon Code?: _____

Other Important Information

Occupation: _____

Hours worked weekly: _____

Married?: Yes No

Spouses Name: _____

Health Information

1. Have you or anyone in your family had coronary artery disease? Yes No

if yes, explain: _____

2. Do you ever have chest, shoulder, neck, or arm pains after exercise? Yes No

if yes, explain: _____

3. Have you ever fainted, felt dizzy, or unusually winded after exercise? Yes No

if yes, explain: _____

4. Has a doctor said that your blood pressure is too high or uncontrolled? Yes No

if yes, explain: _____

5. Has a doctor ever said you have heart trouble, a heart murmur, or that you have had a heart attack? Yes No

if yes, explain: _____

6. Are you diabetic, have a thyroid condition, or any chronic condition? Yes No

if yes, explain: _____

7. Are you using any medications? List them. Yes No

if yes, list them: _____

8. Is your cholesterol level high? What's your cholesterol count? Yes No

if yes, explain: _____

9. Have you ever had a complete physical exam including stress test on a treadmill or ergometer? When? Yes No

if yes, explain: _____

10. Do you have any conditions that a doctor says may limit your exercise? Yes No

if yes, explain: _____

11. Have you ever smoked? When did you quit? Yes No

if yes, explain: _____

12. Have you ever had a joint or back disorder or any current injury? Yes No

if yes, explain: _____

13. Have you had surgery in the last 12 month? Yes No

if yes, explain: _____

14. Are you now, or have you been pregnant in the last three months? Yes No

Is there any important information we should know about your pregnancy?

Do you have approval from your doctor to start a training program? Yes No



Athletic Information

1. List your favorite sports and years of participation.

2. Do you currently have a strength training routine? If yes, please describe (machines or free weights, days per week, sets, reps, resistance, etc) Yes No

if yes, explain:

3. Please rate your familiarity with strength training routines

Very Familiar Familiar Somewhat Familiar Not Familiar

4. Have you ever had an exercise related injury which caused you to stop exercising for a week or more? Yes No

if yes, explain:

5. For multisport and running, list your best race times, with splits if possible. Cyclists and MTBers list race category and years at that category.



Current Athletic Information

1. Have you planned what races you will compete in for next season? If so, please list with dates and priority (A, B, or C, A being most important) Yes No

Dates/Priority

2. What are your three most important goals? Rank them 1-2-3.

- a) _____
- b) _____
- c) _____

3. At the completion of our first season together, how will we know if we were successful? What is the single most important thing we must accomplish?

4a. What is your training week like now? Type of workout , how long, how hard?

Day

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

4b. Is the above high, normal, or low for you?

- Low Normal High

5. What is your longest workout in the last 3 weeks?

6. How many weekly hours do you have available to train? Be realistic. _____
7. What time of day do you expect to do most of your training during the work week? _____
8. Multisport and/or Cycling: Do you have a bike trainer? Yes No
9. Multisport and/or Cycling: Do you have a cycle computer with cadence function? Yes No
10. Do you have access to a track? Yes No
11. Do you run with a running club? Yes No
12. Do you ever train with a group? What sports? _____
13. Multisport only: Do you have access to a pool? What size? Yes No _____
14. Multisport only: Do you have access to a masters swimming program? Yes No
15. Which day is best for you to take off from training? _____
16. How many miles or hours did you train in the past 12 months for each sport?
- Swim _____
- Bike _____
- Run _____
17. What were the most important races you did in the last 12 months?
- _____
-
18. Do you own a heart rate monitor? Yes No
19. How familiar are you with heart rate monitors?
- Not Familiar Somewhat Familiar
- Very Familiar I'm the Man (expert)
20. Do you own a Computrainer or other power meter device? Yes No

21. What is the highest heart rate you have observed during exercise and what sport? _____
22. Do you know your lactate threshold heart rate for any sport?
Please list and describe how it was determined.

Swim _____

Bike _____

Run _____

Limiters

In order to focus your training most efficiently, we need to determine your limiters: those aspects of fitness that are limiting your current performances. Please take a few moments to assess your abilities on a score of 1-5.

1 = among the worst in my race category

3 = about the same as others in my race category

5 = among the best in my race category

See descriptions of each ability below.

Abilities/Techniques	Swim	Bike	Run
Endurance	_____	_____	_____
Force	_____	_____	_____
Speed Skills	_____	_____	_____
Muscular Endurance	_____	_____	_____
Anaerobic Endurance	_____	_____	_____
Power	_____	_____	_____

Definitions:

- Endurance is the ability to delay the onset and reduce the effects of fatigue, implies an aerobic level of conditioning.
- Force is the ability to overcome resistance: how well you do in rough water, hills, or in the wind.
- Speed Skills is the ability to move effectively while swimming, biking, or running. A measure of economy and technique.
- Muscular Endurance is the ability of the muscles to maintain a relatively high force load for a prolonged time. A combination of force and endurance.

- Anaerobic Endurance is the ability to resist fatigue at very high efforts when arm or leg turnover is rapid.
- Power is the ability to apply maximum force quickly

Miscellaneous

Time to train	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Injuries	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Health	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Body Strength	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Flexibility	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Mental Skills	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Body Composition	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Nutrition	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Nutrition Information

What, exactly, did you have to eat yesterday?

Questions

Comments or Questions
