

Today's date: _____

Name: _____

Phone: (day) _____ (eve) _____

Email: _____

Gender: M F DOB: _____ age: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (day) _____ (eve) _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer honestly.

- Y N 1. Has a physician ever said that you have a heart condition and you should only do physical activity recommended by a physician?
- Y N 2. When you are physically active, do you feel pain in your chest?
- Y N 3. When you are not physically active, have you had pain in your chest in the past month?
- Y N 4. Do you ever lose consciousness or do you lose your balance because of dizziness?
- Y N 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity?
- Y N 6. Is a physician currently prescribing medications for your blood pressure or heart condition?
- Y N 7. Are you currently pregnant or post-partum?
- Y N 8. Do you have insulin dependent diabetes?
- Y N 9. Are you a man over the age of 45, or a woman over the age of 55?
- Y N 10. Do you know of any other reason you should not exercise or increase your physical activity?

MEDICAL HISTORY

Please check any surgeries, injuries or medical conditions you have had:

Heart Murmur	Gout	Varicose Vein(s)	Arthritis
Epilepsy	Diabetes	Heart Attack	<i>Rheumatoid</i>
Heart Surgery	Stroke	High Blood Pressure	<i>Osteoarthritis</i>
Thyroid Problems	Allergies	Low Back Pain	Osteopenia
Anemia	Back Pain	Knee Pain	Osteoporosis
Cancer	Rotator Cuff	Shoulder Pain	
Joint Replacement	Ankle Sprain	Pregnant or Post-Partum	
Other			

Notes:

Have you ever smoked? Y N

(continued on next page)

PHYSICAL ACTIVITIES

Check the types of exercises that appeal to you.

- | | | | |
|-----------------|------------------------------------|---|---------------------------|
| Walking | Jogging/Running | Cycling | Swimming / Water Exercise |
| Pilates | Rowing | Resistance/Strength Training/Weight Lifting | |
| Yoga/Stretching | Sports or Sports-Specific training | | |
| Other | | | |

OTHER

What **goals** do you have concerning your training and health?

What time of day/night do you prefer to exercise?

How many days a week do you plan on exercising in the gym?

Please list any other concerns you might have prior to beginning an exercise program:

CANCELLATION POLICY for Personal Training

A minimum of 24 hours is required for cancellation of Personal Training appointments.

- Same-day cancellations, failure to cancel, or cancellations received less than 24 hours in advance of scheduled appointment will result in the entire fee being retained. Should you arrive more than 15 minutes late for an appointment, the remainder of your time will be forfeited and the entire fee will be retained.
- Complimentary NEW MEMBER PERSONAL TRAINING sessions: same-day cancellations, failure to cancel, or cancellations received less than 24 hours in advance of scheduled appointment will result in forfeiture of the complimentary training.

I have read, understand and agree to abide by the above policies.

Member Signature

Date

Staff Signature

Date