

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: M    F                      DOB: \_\_\_\_\_                      Age: \_\_\_\_\_

Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

## PHYSICAL ACTIVITY

1. On average, how many days per week do you engage in moderate to strenuous exercise (*like a brisk walk*)? \_\_\_\_\_ Days
2. On average, how many minutes do you engage in exercise at this level? \_\_\_\_\_ Minutes
3. Total minutes per week (*multiple #1 by #2*). \_\_\_\_\_ Minutes Per Week

## GENERAL HEALTH QUESTIONS

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor before becoming more physically active.

Please read the 8 questions below carefully and answer each one honestly: check YES or NO

- Y    N            1. Has your doctor ever said that you have a heart condition **OR** high blood pressure?
- Y    N            2. Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity?
- Y    N            3. Do you lose balance because of dizziness **OR** have you lost consciousness in the last 12 months?  
Please answer **NO** if your dizziness was associated with over-breathing (*including during vigorous exercise*).
- Y    N            4. Have you ever been diagnosed with another chronic medical condition (*other than heart disease or high blood pressure*)? **PLEASE LIST CONDITION(S) HERE:**
- Y    N            5. Are you currently taking prescribed medications for a chronic medical condition? **PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:**
- Y    N            6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer **NO** if you had a problem in the past, but it does not limit your current ability to be physically active. **PLEASE LIST CONDITION(S) HERE:**
- Y    N            7. Has your doctor ever said that you should only do medically supervised physical activity?
- Y    N            8. Are you currently Pregnant?

## **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