

Personal Training Client Health History Form

Please answer each question by printing the necessary information. Your answers will be kept confidential.

Client Information and Release Form

Name _____ Birth Date _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Work _____ Cell _____

E-mail _____

Employer _____ Occupation _____

In case of emergency, please notify:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Home _____ Work _____ Cell _____

Please note: In order to assist you in the development of a rewarding physical fitness program, we need to have your honest and accurate responses.

General Medical History & Information

Are you under the care of a physician, chiropractor, or other health care professional for any reason?

If yes, list reason: _____

Are you aware of any disease or disorder that would complicate your participation in a testing or exercise program? _____

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? _____

Are you taking any medications? If yes please indicate the type of medication, dosage, frequency and reason(s) for taking it. _____

Please list any allergies _____

Has your doctor ever said your blood pressure was too high? _____

Are you over age 65? _____ **Are you unaccustomed to vigorous exercise?** _____

Is there any reason not mentioned here why you should not follow a regular exercise program?

If so, please explain _____

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head / Neck _____

Upper Back _____

Shoulder / Clavicle _____

Arm / Elbow _____

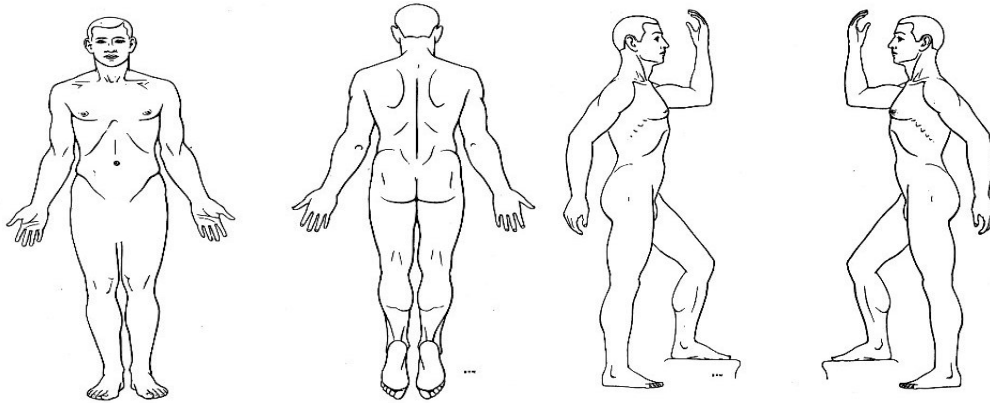
Wrist / Hand _____

Lower Back _____

Hip / Pelvis _____

Thigh / Knee _____

Lower Leg / Ankle / Foot



Please circle any areas of pain, injury, tension, or restriction of movement.

Have you recently experienced any chest pain associated with either exercise or stress?

If so, please explain _____

Do you have a family history of any of the following conditions?

Heart Disease _____ Heart Attack _____ Hypertension _____ Gout _____

Abnormal EKG _____ Asthma _____ High Cholesterol _____ Angina _____

Diabetes _____ Other heart conditions _____

Do you have a family history of cardiovascular disease? If so, how many occurrences and what approximate ages? _____

Are you a smoker? If so, what is your smoking frequency? _____

Are you on any specific food / nutritional plan at this time? _____

Do you take dietary supplements? If yes, please list _____

How many beverages do you consume per day that contains caffeine? _____

Do you experience any frequent weight fluctuations? _____

Have you experienced a recent weight gain or loss? _____

If yes, list change _____ Over how long? _____

Your answers to these questions will be discussed with you prior to your session. Thank You.

Please take a moment to carefully read the following information and sign where indicated.

I understand that the personal training I receive is provided for the purpose of exercise instruction and guidance. I further understand that personal trainers are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, or provide nutritional planning, and that nothing said in the course of the session(s) given should be considered as such. I should see a physician, chiropractor, registered dietitian or other qualified medical specialist for any nutritional concerns, mental or physical ailment that I am aware of. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the personal trainer updated as to any changes in my medical profile, and understand that there shall not be liability on the personal trainer's part should I forget to do so. I understand that I have enrolled in the personalized health and fitness program offered through Holistic Fitness & Massage LLC, The Salon, Spa & Fitness Studio, and/or Franck's Gym and it's personal trainers and affiliates. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any know disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Holistic Fitness & Massage LLC, The Salon, Spa & Fitness Studio, and/or Franck's Gym and it's personal trainers and affiliates. In consideration of my participation in this program, I hereby release Holistic Fitness & Massage LLC, The Salon, Spa & Fitness Studio, and/or Franck's Gym and it's personal trainers and affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment of the provided personal training services and/or exercise classes. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Holistic Fitness & Massage LLC, The Salon, Spa & Fitness Studio, and/or Franck's Gym and it's personal trainers and affiliates from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death. **I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

Signature _____

Date _____

Consent for minors is required prior to first session.

Signature of Guardian _____

Date _____

Printed name of Guardian _____

Phone number the Guardian can be reached in case of emergency _____

Client Profile Questionnaire

Current Exercise Information

Please explain your current exercise regimen including all strength training, cardiovascular training or other sporting activities that you perform.

Day of the Week / Activity / Length of Time

Body Type / Activity Level / Goal Information

What are your goals? (Circle those that apply)

Body Fat Loss Muscle Gain Strength Production Increase Flexibility General Health Maintenance

How active are you and/or what is your exercise lifestyle like? (Circle those that apply)

Sedentary Moderate Exercise Competitive Exercise Bodybuilding

Does your job require you to be..... (Circle those that apply)

Sedentary Somewhat Active Active Very Active

Please answer yes or no to the following questions:

Is it hard for you to gain weight?

Can you eat a lot and still not gain weight?

Do you gain or lose weight according to your fluctuations in activity and food consumption?

Is it hard for you to lose weight?

Do you gain weight if you're not careful about food intake?

Current Nutritional Consumption

Please list the foods, beverages, supplements etc that you take on the average day.

Time / Qty / Food-Beverage-Supplement

Food Likes / Dislikes / Restrictions

Please list the foods you prefer to eat.

Please list the foods you **DO NOT** prefer to eat.

Please list any foods that you must restrict for any reason i.e. medical etc.

Have you ever been told to follow a specific nutritional plan in the past? If so, please indicate the reason and the type of plan and who had provided it for you.

Please take a moment to carefully read the following information and sign where indicated.

I am purchasing the services of Kristy Medo and Holistic Fitness and Massage to design a program to aid in weight management to enhance my fitness goals. I will not hold Kristy Medo or Holistic Fitness and Massage personally liable for any problems, illnesses or injuries that might occur due to a sudden change in my eating or exercise habits. This program does not replace the advice of a medical doctor, registered dietitian or other medical provider or treatment. I have revealed any and all necessary information about myself to prevent any possible complications to Kristy Medo and Holistic Fitness and Massage.

Signature _____

Date _____