

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

DOB: _____ Height: _____ Weight: _____ Blood Pressure: _____

Physician's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

To help me design a safe and effective fitness program, please complete the following series of questions. It is critical that you answer all the questions honestly and to the best of your ability. *(Please be advised that this information is kept strictly confidential.)*

- A. READ ALL THE QUESTIONS THOROUGHLY AND CHECK THE APPROPRIATE RESPONSE:**
- | | YES | NO |
|---|------------|-----------|
| 1. Has your doctor ever told you that you have heart problems? | _____ | _____ |
| 2. Has your doctor ever told you that you have high blood pressure? | _____ | _____ |
| 3. Have you ever had pain in your chest? | _____ | _____ |
| 4. Have you ever had a stroke or heart attack? | _____ | _____ |
| 5. Do you ever feel faint or have dizzy spells? | _____ | _____ |
| 6. Have you had surgery in the last six months? | _____ | _____ |

If "yes" was answered to any of the above, please explain in detail:

B. CHECK THE APPROPRIATE CONDITIONS IF YOU HAVE BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

Diabetes_____	Epilepsy_____	High Blood Pressure_____
Asthma_____	Arthritis_____	High Cholesterol_____
Heart Conditions_____	Pregnancy_____	Other(Explain)_____

C. CHECK THE APPROPRIATE AREA IF YOU EXPERIENCE PAIN OR HAVE PREVIOUSLY INJURED ANY OF THESE BODY REGIONS:

Neck_____	Upper Back_____	Shoulders_____
Elbows_____	Lower Back_____	Hips_____
Wrists_____	Knees_____	Ankles_____
Feet_____	Other_____	

If any areas were checked, please explain in detail: _____

D. ARE YOU CURRENTLY TAKING MEDICATIONS? YES _____ NO _____

If yes, please list medications and for what condition: _____

E. ARE THERE ANY OTHER REASONS (HEALTH/PERSONAL) THAT MAY LIMIT OR PREVENT YOU FROM EXERCISING? _____

****Please be advised that certain health restrictions may require you to obtain medical clearance from your physician before you can begin exercising, or at any time during your training regimen.***