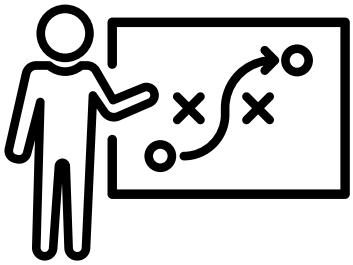
INITIAL INTAKE



FULL TOUR OF THE FACILITY ____

CLIENT NAME: _____ DATE: _____

EMAIL: _____ HOW DID YOU HEAR ABOUT US: _____

Client Health/Fitness Goals

Client Barriers to Success (Work, friends/family, sleep, stress, diet, etc.)

Injuries And Limitations

Three Month Goals (Short term)

One Year Goals (Long term)

What physical activity have you done in the past?

_____
_____
_____

Do your best to give an example of a typical breakfast, lunch, and dinner for yourself. How about dessert, snacks, and drinks?

Breakfast: _____
Lunch: _____
Dinner: _____
Dessert: _____
Snacks: _____
Drinks: _____

What is the most important thing that we can do for you?

_____
_____
_____

Rate these categories in order of importance:

Rank the following categories on a 1-5 scale.
5 being super important, and 1 being something you don't care about.

Weight Loss _____

Strength Gain _____

Muscle Gain _____

Mobility Improvement _____

Posture Improvement and Injury Prevention _____

2020 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

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 OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or **NO**.	YES	NO
1) Has your doctor ever said that you have a heart condition ☐ **OR** high blood pressure ☐?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity?	☐	☐
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).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? **PLEASE LIST CONDITION(S) HERE:** _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? **PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:** _____	☐	☐
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:** _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

If you answered NO to all of the questions above, you are cleared for physical activity.
Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow Global Physical Activity Guidelines for your age (https://apps.who.int/iris/handle/10665/44399).
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

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01-11-2019

Informed Consent for Participation in a Health and Fitness Training Program

Name: _____ Date: _____

1. Purpose and Explanation of Procedure

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities which are recommended to me for improvement of dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness.

I will be given exact personal instructions regarding the amount and kind of exercise I should do. A professionally trained personal fitness trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, stress management, and other health and fitness regarded programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in the above described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a personal fitness trainer will periodically monitor my performance and, perhaps measure my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

2. Risks

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before each personal fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. Benefits to be Expected and Alternatives Available to Exercise

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months.

4. Confidentiality and Use of Information

I have been informed that the information which is obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

5. Inquiries and Freedom of Consent

I have been given an opportunity to ask questions as to the procedures.

I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Participant's Name (printed): _____ Participant's Signature: _____

Witness's Signature: _____ Date: _____

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Health History Questionnaire

Please answer the following questions to the best of your ability. For the following questions, unless otherwise indicated, circle the single best choice for each question. As is customary, all of your responses are completely confidential and may only be used in group summaries and/or reports. All information collected is subject to the Privacy Act of 1974. If you have any physical handicaps or limitations that would require special assistance with this questionnaire, please let your trainer know. This form is in accordance with the American College of Sports Medicine guidelines for risk stratification when followed correctly by your trainer. Your trainer should be certified with a national organization in order to use these forms correctly.

Name:_____ Ht.:_____ Wt.:_____

Gender:_____ Age:_____ Birthdate:_____

Address: _____

City:_____ State:_____ ZIP:_____ Phone:_____

Emergency Contact:_____ Phone: _____

Personal Physician:_____ Phone:_____

E-mail:_____

1. Have you ever had a definite or suspected heart attack or stroke? .....Yes No

2. Have you ever had coronary bypass surgery or any other type of heart surgery? .....Yes No

3. Do you have any other cardiovascular or pulmonary (lung) disease
   (***other than*** asthma, allergies, or mitral valve prolapse)? .....Yes No

4. Do you have a history of: diabetes, thyroid, kidney, liver disease. .....Yes No
   (circle all that apply)

5. Have you ever been told by a health professional that you have had
   an abnormal resting or exercise (treadmill) electrocardiogram (EKG)? .....Yes No

6. If you answered YES to any of Questions 1 through 5, please describe:

_____

_____

_____

_____

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7. Do you currently have any of the following:

   a. pain or discomfort in the chest or surrounding areas that occurs when you engage in physical activity? ..... Yes No
   b. shortness of breath ..... Yes No
   c. unexplained dizziness or fainting ..... Yes No
   d. difficulty breathing at night except in upright position ..... Yes No
   e. swelling of the ankles (recurrent and unrelated to injury) ..... Yes No
   f. heart palpitations (irregularity or racing of the heart on more than one occasion) ..... Yes No
   g. pain in the legs that causes you to stop walking (claudication) ..... Yes No
   h. known heart murmur ..... Yes No

Have you discussed any of the above with your personal physician? ..... Yes No

8. Are you pregnant or is it likely that you could be pregnant at this time? ..... Yes No
   If yes, what is your expected due date?_____

9. Have you had surgery or been diagnosed with any disease in the past 3 months? ..... Yes No
   If yes, please list date_____ and surgery/disease_____

10. Have you had high blood cholesterol or abnormal lipids within the past 12 months or are you taking medication to control your lipids? ..... Yes No

11. Do you currently smoke cigarettes or have quit within the past 6 months? ..... Yes No

12. Have your father or brother(s) had heart disease prior to age 55 OR mother or sister(s) had heart disease prior to age 65? ..... Yes No

13. Within the past 12 months, has a health professional told you that you have high blood pressure (systolic $\geq$ 140 OR diastolic $\geq$ 90)? ..... Yes No

14. Currently, do you have high blood pressure or within the past 12 months, have you taken any medicines to control your blood pressure? ..... Yes No

15. Have you ever been told by a health professional that you have a fasting blood glucose greater than or equal to 110 mg/dl? ..... Yes No

16. Describe your regular physical activity or exercise program:

    type:_____
    frequency: _____ days per week
    duration: _____ minutes
    intensity: *low* *moderate* *high* **(circle one)**
    BMI: _____

17. If you have answered YES to any of questions 7-16, please describe:

_____

_____

_____

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P04-020

18. Are you currently under any treatment for any blood clots? ..... Yes No

19. Do you have problems with bones, joints, or muscles that may be aggravated with exercise? ..... Yes No

20. Do you have any back/neck problems? ..... Yes No

21 Have you been told by a health professional that you should not exercise? ..... Yes No

22. Are you currently being treated for any other medical condition by a physician? ..... Yes No

23. Are there any other conditions (mitral valve prolapse, epilepsy, history of rheumatic fever, asthma, cancer, anemia, hepatitis, etc.) that may ***hinder*** your ability to exercise? ..... Yes No

24. During the past six months, have you experienced any ***unexplained*** weight loss or gain (greater than ten pounds for no known reason)? ..... Yes No

25. If you have answered YES to any of questions 18-24, please describe:

_____

_____

_____

26. Please list below all prescription and over-the-counter medications you are currently taking:

Medicine:	Reason for taking:	Dosage:	Amount/Frequency:

27. Are there any medicines that your physician has prescribed to you in the past 12 months which you are currently not taking? ..... Yes No
If so, please list:

_____

_____

_____

I have answered the Health History Questionnaire questions accurately and completely. I understand that my medical history is a very important factor in the development of my fitness/wellness program. I understand that certain medical or physical conditions which are known to me, but that I do not disclose to my trainer, may result in serious injury to me. If any of the above conditions change, I will immediately inform my trainer of those changes. I, knowingly and willingly, assume all risks of injury resulting from my failure to disclose accurate, complete, and updated information in accordance with the attached questionnaire. I also understand that in order to properly risk stratify my Health History Questionnaire, my trainer should have a minimum of a national certification as a personal trainer. My trainer also verbally explained this statement to me to my understanding.

Client's Signature:_____ Date:_____

Trainer's Signature:_____ Date:_____

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