

INTEGRATED FITNESS PROFILE

Last Name: _____ First Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ SS#: _____

Birthdate _____ Age _____ Marital Status: M S W D Sex: M F

E-Mail _____ Referred by _____

Nearest Relative & Telephone _____

OCCUPATION AND LIFESTYLE Occupation: _____

Does your occupation require extended periods of sitting? Y or N

Does your occupation require extended periods of repetitive movements? Y or N Please explain:

Does your occupations require you to wear shoes with a heel (dress shoes)? Y or N

Does your occupation cause you anxiety (mental stress)? Y or N

Do you partake in any recreational activities (golf, tennis, skiing, etc.)? Y or N Please explain:

Do you have any hobbies (reading, gardening, working on cars, etc.)? Y or N Please explain:

MEDICAL

Have you ever had any pain or injuries (back, neck, shoulder, ankle, etc.)? Y or N Please explain:

Have you ever had any surgeries? Y or N Please explain: _____

Have you ever been diagnosed with a chronic disease such as coronary heart disease (CHD) or coronary artery disease (CAD), hypertension (high blood pressure), high cholesterol, diabetes, etc.?

Y or N Please explain: _____

Please list all medications: _____

PERSONAL

What are your most important goals (weight loss, body image, sports performance, injury prevention) for you to accomplish with a training program? _____

How many times per week are you willing to work out with fitness professional? _____

How many times per week are you willing to work out on your own? _____

WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so **entirely at your own risk**. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge the trainer or instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the trainer or instructor for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Printed Name: _____ Signed: _____

Dated: ___/___/___

Pre-Exercise Screening

Check all that apply to you. Apparently healthy men over 40 and women over 50, who have at least two major coronary risk factors (highlighted below), should consult a doctor and have a maximal exercise stress test.

Men

- Are you more than 45 years old?

Women

- Are you more than 55 years old?
- Are you past menopause?
- Have your ovaries been removed and if so, are you taking estrogen?

Both

- Did your father or brother have a heart attack before age 55?
- Did your mother or sister have a heart attack before age 65?
- Did your mother, father, sister, brother, or grandparent have a stroke?
- Do you smoke or live or work with others who smoke tobacco daily?
- Is your total cholesterol level 220mg/dL or higher?
- Is your high-density lipoprotein (HDL) (“good”) cholesterol less than 35mg/dL?
- Have you been told that your blood pressure is too high (above 140/90 mm Hg)?
- Do you take blood pressure medication?
- Do you have coronary artery disease and/or angioplasty?
- Do you have a heart murmur?
- Have you had a heart attack?
- Do you ever suffer from pains in your chest, especially with exercise?
- Do you ever get the feeling that your heart is suddenly beating faster, racing or skipping beats, either at rest or during exercise?
- Do you ever feel faint or have spells of severe dizziness, particularly with exercise?
- Have you ever had an attack of shortness of breath during exercise or that developed after you stopped exercising at any time in the last 12 months?
- Have you had a stroke or transient ischemic attack?
- Do you exercise for less than 30 minutes on most days?
- Do you have diabetes (fasting blood sugar level 128 mg/dL or higher)?
- Do you need medicine to control your blood sugar level?
- Do you take any medication that would prevent you from exercising?
- Do you ever get pains in your calves, buttocks or at the back of you legs during exercise that are not due to soreness or stiffness?
- Do you experience swelling or accumulation of fluid about the ankles?
- Do you have chronic lung disease of any type?
- Do you have any ulcerated wounds or cuts on your feet that do not seem to heal?
- Do you have any liver, kidney or thyroid disorders?

Please Sign: _____ Date: _____