

Pre-Exercise Health Form

Name: _____ Birthday: _____

Height: _____ Weight: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____ Occupation: _____

Emergency Contact Number: _____ Name: _____ Relationship: _____

Were you referred to us by one of our clients? YES / NO

If YES, please help us reward them by giving us their full name: _____

If NO, how did you hear about us? Friend Yellow Pages Advertisement Walk In Other _____

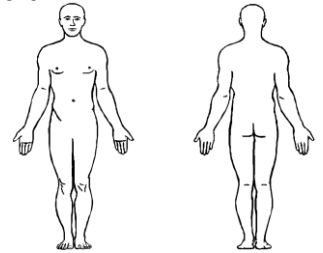
Did you first contact us to book: Personal Training or Group Exercise?

Please circle on the diagram all areas you frequently experience pain or discomfort.

What aggravates pain? _____

What alleviates pain? _____

Pain Scale: No pain 1...2...3...4...5...6...7...8...9...10



Have you recently experienced unusual spinal, joint or muscular pain?

If yes, please describe: _____

Have you had any major or recent (within past 12 months) surgery?

If yes, please explain: _____

Are you currently taking any medication? Details: _____

Do you have any medical conditions or injuries that we should be aware of? Details: _____

How many times per week would you like to dedicate to your health and fitness?

Tick any of the following conditions that apply to you today:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Allergies/asthma | <input type="checkbox"/> Contagious disease | <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Bruising |
| <input type="checkbox"/> Drugs/medication | <input type="checkbox"/> Headache | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Numbness/tingling |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Recent illness/surgery | <input type="checkbox"/> Spinal/back problem |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Pain/Stiffness | <input type="checkbox"/> Varicose veins | |

Please inform your trainer of any medical conditions that may prevent you from exercising or may cause injury prior to commencing your training. Please be aware that your trainer will do everything to ensure that your exercise program is safe and effective. However you are choosing to exercise at your own risk and we will not take responsibility for any personal injury or liability.

Signed: _____ Date: _____



**INFORMATION CONSENT FORM FOR FITNESS PROGRAM
PROGRAM OBJECTIVE AND PROCEEDURES**

I understand that this fitness program may include exercises to build the following:

- Cardio respiratory system (heart and lungs).
- Musculoskeletal system (muscle endurance, strength and flexibility).
- Improve body composition (decrease body fat in individuals needing to lose fat, with an increase in weight muscle [muscle mass]).

Exercises may include:

- Aerobic type activities (walking, running, cycling, riding, rowing machine, treadmill, aerobic classes, swimming and other such activities).
- Calisthenics and/or weight lifting type activities to improve muscular strength and endurance.
- Flexibility exercises such as stretching type exercises to improve movement around joints and its range of motion.

POTENTIAL RISKS

I understand that there exists the possibility that certain abnormal changes may occur during or following exercise, which cannot always be predicted. These abnormal reactions and changes include abnormalities of:

- Blood pressure
- Heart rate
- Ineffective functioning of the heart
- In rare instances Heart Attack

Use of weight lifting equipment and doing body calisthenics can lead to musculoskeletal pain, strain and injury if not properly warmed up, done in gradual progression and following safety procedures. Trained staff are available to supervise me if I wish.

POTENTIAL BENEFITS

I understand that a program of regular exercise for the heart, lungs, muscles and joints has shown to be beneficial. These benefits may include:

- A decrease in risk of heart disease
- A decrease in body fat
- Improved blood profile
- Improved blood pressure
- Improved in psychological function

I have read all the information above and understand it. Any questions that I may have had have been answered to my satisfaction. I understand that I am free to withdraw from this program at any time I desire. The information obtained will be treated as privileged and confidential. The information obtained, however, may be used for a statistical or scientific purpose with my right of privacy retained.

Signature of participant: _____ **Date:** _____

Trainer signature: _____ **Date:** _____