

**Fitness by Design new client packet  
Health History form**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Primary Physician \_\_\_\_\_  
Clinic/Hospital \_\_\_\_\_

**Health Problems/Conditions**

Circle your answers and provide details when necessary

Diabetes Yes No \_\_\_\_\_

Smoking Yes No \_\_\_\_\_

Family History Yes No \_\_\_\_\_

Epilepsy Yes No \_\_\_\_\_

Heart Problems Yes No \_\_\_\_\_

Respiratory Illness Yes No \_\_\_\_\_

Pregnancy Yes No \_\_\_\_\_

Eating Disorders Yes No \_\_\_\_\_

High Cholesterol Yes No \_\_\_\_\_

Back Problems Yes No \_\_\_\_\_

Vision/Hearing Yes No \_\_\_\_\_

Dizziness/Fainting Yes No \_\_\_\_\_

High/Low Blood Pressure Yes No \_\_\_\_\_

Surgeries Yes No \_\_\_\_\_

Arthritis Yes No \_\_\_\_\_

Musculoskeletal problems Yes No \_\_\_\_\_

Weight Gain/Loss Yes No \_\_\_\_\_

Osteoporosis Yes No \_\_\_\_\_

Allergies Yes No \_\_\_\_\_

**Current Medications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Health History/Concerns not listed above \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event that my personal trainer has any questions or concerns regarding this health history, they may with my permission contact my

primary physician. Initial \_\_\_\_\_

I understand that it is my responsibility to notify my personal trainer if there are any changes in my health status and to have my form updated. Initial \_\_\_\_\_

**Medical Emergency Information**

Person to notify in case of an accident

Name \_\_\_\_\_ Relationship

Address \_\_\_\_\_ Phone Number

In event of an emergency, and if the person named above cannot be reached, I authorize the bearer of this form to allow emergency personnel to direct any and all necessary medical care for myself.

Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

## Fitness by Design physical activity readiness form

**(Circle your answers)**

Yes No **1.** Has a doctor said that you have a heart condition and recommended only medically supervised activity?

Yes No **2.** Do you have chest pain brought on by physical activity?

Yes No **3.** Have you developed chest pain in the last month?

Yes No **4.** Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?

Yes No **5.** Do you have a bone or joint problem that could be aggravated by the proposed physical activity?

Yes No **6.** Has a doctor ever recommended medication for your blood pressure or a heart condition?

Yes No **7.** Are you aware, through your own experience or a doctor's advice of any other physical reason that would prohibit you from exercising without medical supervision?

\*If the participant answers yes to any of these questions a referral is needed before they can begin to an exercise program here at Fitness by Design .

### Pre-Participation Screening - Cardiovascular Risk Factors

Yes No **1.** You are a man older than 45 years old.

Yes No **2.** You are a woman older than 55 years old or have had a hysterectomy or you are postmenopausal.

Yes No **3.** You smoke.

Yes No **4.** Your blood pressure is greater than 140/90 or you have been told you have high blood pressure.

Yes No **5.** You take blood pressure medication.

Yes No **6.** Your blood cholesterol level is greater than 240/mg/dl or you have been told you have high cholesterol.

Yes No **7.** You have a close blood relative who had a heart attack before 55 (father or brother) or before 65 (mother or sister).

Yes No **8.** You are diabetic or take medicine to control your blood sugar.

\*If two or more statements are checked in this section, the participant must have a referral from his/her doctor before being able to begin an exercise program here at Fitness by Design.

Date \_\_\_\_\_ Physician \_\_\_\_\_

Hospital or Clinic \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Fitness by Design Exercise History Form

Do you participate or have you ever participated in a regular exercise program (circle one)? Yes No

What type of exercise do you participate in now or in the past?

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How often? \_\_\_\_\_ For how long?

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What other forms of recreational exercise (softball, golf, basketball, gardening, etc.) are you involved with?

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How often do you participate in these activities?

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How much time can you dedicate to exercise per week?

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What are your goals? What do you hope to accomplish by exercising?

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What are your barriers to following a regular exercise program?

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## **Fitness by Design informed consent for exercise program participants**

I (clients full name)\_\_\_\_\_ hereby consent to voluntarily engage in an exercise program offered here at Fitness by Design Personal training Studio. I understand that I am responsibly for complete disclosure of any condition or history, which may not be contained in my record.

My personal trainer will design an exercise program individualized to meet my needs and desired outcomes, however, results cannot be guaranteed.

My program will be explained to me. I will be instructed as to the signs and symptoms, which I should report to my physician and/or personal trainer and which will alert me to modify my exercise activities.

My personal trainer will also be looking for changes, which would suggest that I modify my exercise program.

The exercise program is designed to place gradually increased workloads on the circulation and heart and thereby attempt to improve its function. There is the risk of certain changes occurring during the following exercise session. These changes may include abnormalities of blood pressure or heart rhythm, ineffective heart function, or in rare instance heart attacks or cardiac arrest. Every effort will be made to avoid such event by preliminary evaluation and carefully developing an individualized exercise prescription for me.

I understand that there are guidelines, which will be required to follow as a participant in a fitness program. The guidelines include the following:

- A) Always schedule training times with your personal trainer directly.
- B) The cancellation policy is 12 hours prior to the scheduled appointment otherwise I will be charged for the missed session.
- C) During the winter months and in wet weather, I will have a pair of dry and clean shoes to wear in the studio.
- D) To ensure that I am exercising at a safe level, it is important that I follow the recommendations indicated by the exercise specialist.  
If a recommended level seems either too difficult or too easy, I should discuss this with the exercise specialist. If appropriate, modifications to the exercise recommendations can be made. The staff wants me to enjoy my exercise time but also to assure that I am exercising at safe and appropriate levels.
- E) I will wear comfortable exercise clothing and shoes. The appropriate footwear is essential to help eliminate possible injury. .
- F) I will notify the staff if I have any changes in medications or medical health status. The staff needs to be aware of any changes to provide me with the best medically supervised program possible. I understand that I will be asked to update my medical history form at least annually.
- G) No refunds will be given on pre-purchased training sessions except in the case of medical necessity.

The information that is obtained will be treated as privileged and confidential and will not be released to any person, except my physician, on call physician if necessary and fitness by Design personnel, without my written consent. I agree to allow staff from Fitness by Design to call me at home or at work in the event that they need to contact me for any reason including a change in appointment time, Fitness by Design closing, etc.

I have read the foregoing and I understand it, and any questions, which may have occurred to me, have been answered to my satisfaction.

**WAIVER AND RELEASE OF LIABILITY**

The Fitness by Design Studio owner & personal trainers urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise program. All exercises, including the use of the free weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the participant's sole risk. The Fitness by Design studio and trainers shall not be liable to member for any claims, demands, injuries, damages, or actions arising due to injury to participant's person or property.

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Participant)

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Witness)