



HEALTH ♦ TESTING ♦ FITNESS

PerforMAXfitness.com

Client Information

Thank you for choosing our office. In order to serve you properly, we need the following information. Please complete this information to help us start your first visit without delay. All information will be confidential.

Date _____ Patient name _____
First MI Last

SSN - - Birth date _____ Home phone # _____

Address _____ City _____ State _____ Zip _____

Check appropriate box: oMale oFemale Height: _____ ft _____ in Weight: _____

Check appropriate box: Minor Single Married Widowed

E-mail address: _____

Occupation _____ Employer/school _____

Work phone # _____ Cell phone # _____

Address _____ City _____ State _____ Zip _____

Who may we thank for referring you? _____

Emergency Contact _____ (relationship) _____ Phone # _____

Personal Physician _____ Personal Physician's phone # _____

Personal Physician's address _____

Client Signature _____ **Date** _____



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NONE OF THE FOLLOWING QUESTIONS ARE FOR DIAGNOSTIC OR TREATMENT PURPOSES

1. What is your current level of physical activity? (CIRCLE ONE)
Non-Active Moderately Active Very Active

2. Do you currently exercise? (Y/N) _____
-If yes, please describe your routine including frequency and duration _____
-If no, have you exercised in the past? (Y/N) _____ If you exercised in the past, please describe your past routine/history _____

3. Have you ever participated in a personal training program? (Y/N) _____

4. What are your short-term and long-term goals for exercise, health, and fitness? _____

5. Do you have any additional comments regarding your level of fitness or your fitness needs? _____

HAVE YOU EVER BEEN DIAGNOSED WITH, OR DO YOU HAVE ANY OF THE FOLLOWING (PLEASE CIRCLE YES OR NO)

Peripheral vascular disease	YES	NO	Thyroid problems	YES	NO
Phlebitis	YES	NO	Chronic bronchitis	YES	NO
Emphysema	YES	NO	Diabetes	YES	NO
Asthma	YES	NO	Cancer	YES	NO

If yes, please explain: _____

HAVE YOU EVER BEEN DIAGNOSED WITH, OR SUFFER FROM: (PLEASE CIRCLE YES OR NO)

Heart attack/heart disease	YES	NO	Coronary by-pass	YES	NO
Other cardiac surgery	YES	NO	Pacemaker	YES	NO
Embolism	YES	NO	Stroke	YES	NO
Aneurysm	YES	NO	Chest pain	YES	NO
Palpitations	YES	NO	Lightheadedness or fainting	YES	NO
Shortness of breath	YES	NO	Breathlessness that awakes you at night	YES	NO
Dizziness	YES	NO	Heart Murmur	YES	NO
Claudication	YES	NO	Muscular weakness	YES	NO
Are you pregnant?	YES	NO			

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE CONDITIONS, STOP HERE AND INFORM THE TRAINER. YOU MUST HAVE MEDICAL CLEARANCE TO EXERCISE. IF YOU ARE PREGNANT, YOU MUST PROVIDE CLEARANCE FROM YOUR OBSTETRICIAN.

Do you currently: (PLEASE CIRCLE YES OR NO)

-Have high blood pressure >140/90	YES	NO
-Have high cholesterol >240	YES	NO
-Smoke cigarettes	YES	NO
-Have a family history of coronary or other arteriosclerotic diseases in parents or siblings prior to age 55	YES	NO

6. Are you currently taking any medication? (Y/N) _____ If yes, please provide name(s) and dosage(s) _____

7. If you are currently taking medications, please describe the condition/diagnosis for which you are taking the medication _____

8. Are you presently on a special diet? (Y/N) _____ If yes, please describe _____

9. Do you have any physical condition, impairment or disability that might affect your ability to undertake an exercise program? (Y/N) _____ If yes, please explain _____

INJURY HISTORY

10. Do you currently have an injury? (Y/N) _____ If yes, please describe in detail: _____

11. Have you had an injury within the past: *(PLEASE CIRCLE YES OR NO)*

1 year	YES	NO
3 years	YES	NO
5 years	YES	NO
10 years	YES	NO

If you answered 'yes' to any of the above, please explain: _____

12. Have you been to a physician for an injury in the past: *(PLEASE CIRCLE YES OR NO)*

1 year	YES	NO
3 years	YES	NO
5 years	YES	NO
10 years	YES	NO

If you answered 'yes' to questions 11 or 12, do you have any discomfort, pain, and/or limited function as a result of the past injury? (Y/N) _____ If yes, please explain: _____

13. Have you had, or have you been recommended to have surgery for an injury at anytime in the past? (Y/N) _____ If yes, please explain _____

CLIENT SIGNATURE: _____ **DATE:** _____



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WAIVER AND RELEASE OF LIABILITY

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 bodybuilding 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.

(PLEASE INITIAL _____)

1. In consideration of being allowed to participate in the activities and programs of *Excel Fitness & Cross Training* and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge *Excel Fitness & Cross Training* and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned, and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of *Excel Fitness & Cross Training* or the use of any equipment at *Excel Fitness & Cross Training*.

(PLEASE INITIAL _____)

2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physicians approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment. I acknowledge that I have either had a physical examination and have been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(PLEASE INITIAL _____)

3. 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.

(PLEASE INITIAL _____)

Signature _____ **Date** _____