

**MEDICAL HISTORY FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
TELEPHONE NUMB. \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
IN CASE OF AN EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_ SPECIALTY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Had any injuries in the last 6 months? Joint problems? YES NO  
If Yes, explain: \_\_\_\_\_

Are You currently under a Doctor's care? YES NO  
If Yes, explain: \_\_\_\_\_

When was the last time you had a physical exam? \_\_\_\_\_  
Have you ever had an exercise stress test? YES NO DON'T KNOW  
If Yes, What were the results? NORMAL ABNORMAL  
Do you take any medications on a regular basis? YES NO  
If Yes, Please list medications: \_\_\_\_\_

Have you been recently hospitalized? YES NO  
If Yes, Please explain: \_\_\_\_\_

Do you smoke? YES NO  
Are you Pregnant? YES NO  
Do you drink alcohol more than 3 times a week? YES NO  
Is your stress level high? YES NO  
Are You moderately active during the week? YES NO  
Do You have:  
High Blood Pressure? YES NO  
High cholesterol? YES NO  
Diabetes? YES NO

Have Parents or siblings who, prior to 55:  
A Heart Attack? YES NO  
Stroke? YES NO  
High blood Pressure? YES NO  
High Cholesterol? YES NO

Do You have?  
Known Heart Disease? YES NO  
Rheumatic Heart Disease? YES NO  
A Heart Murmur? YES NO  
Chest pain with exertion? YES NO  
Irregular heart beat or palpations? YES NO  
Lightheadedness or do You faint? YES NO  
Unusual shortness of breathe? YES NO  
Cramping Pains in legs and feet? YES NO  
Emphysema? YES NO

**\* If You are currently under a Doctor's care, You will be required to get a statement of restrictions if any, before we will be able to prescribe a workout program or even do a Fitness Assessment.**

**Physical Fitness Activity Sheet**

Please circle days per week and minutes per day for each of the following?

Light activities such as: Slow Walking, Golf (Walking), Bowling, Gardening.

Days per week	0	1	2	3	4	5	6
Minutes per day	0	5	10	15	20	25	30+

Moderate activity such as: Tennis, Racquetball, Basketball, Dancing.

Days per week	0	1	2	3	4	5	6
Minutes per day	0	5	10	15	20	25	30+

**Vigorous activities such as: Running (6 MPH), Cycling (12 MPH), Skiing (Cross Country), Mountain Climbing.**

Days per week	0	1	2	3	4	5	6
Minutes per day	0	5	10	15	20	25	30+

**From the following exercises, which would You prefer as a conditioning Program?**

- |                            |               |
|----------------------------|---------------|
| Aerobic class              | Stair Climber |
| Aerobic equipment training | Walk/Jog      |
| Jogging                    | Walk          |
| Stationary Bike            |               |

**Circle the number which best describes how You perceive Your:**

	POOR				EXCELLENT	
Level of exercise	1	2	3	4	5	6
Physical Fitness	1	2	3	4	5	6
Body Weight	1	2	3	4	5	6
Body Fat	1	2	3	4	5	6
Overall Appearance	1	2	3	4	5	6

**Posture Assessments (Visual)**

Lordosis	YES	NO
Kepnosis	YES	NO
Forward Head	YES	NO
Hip Height Discr.	YES	NO
Shoulder Height Discr.	YES	NO

Patella (Knee) Soreness from everyday activity?	YES	NO
Shin Splints or soreness in the front of the lower leg?	YES	NO
Any other restrictions that You may Have? If so,explain?		

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**Personal Goal Setting Form**

**Rank Your Fitness/Health Goals. Goals that are attainable due to time restraints, family and work schedules.**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

**List time and Days Available to workout.**

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**Short Term Goals**

Goal #1 \_\_\_\_\_

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**Long Term Goals**

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**Goal #2**

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**Date for Reassessment**

**Date** \_\_\_\_\_

**Time** \_\_\_\_\_

**Trainers name**

\_\_\_\_\_

**What if any Dietary modifications need to be made.**

**#1**

\_\_\_\_\_

**#2**

\_\_\_\_\_

**#3**

\_\_\_\_\_

Dietary classes are recommended for clients to help them accomplish their desired short and long term goals. The Health & Wellness Center (HAWC) has a monthly nutrition class that is very beneficial to accomplishing your goals. For more information, Please contact the HAWC at 722-0579 to sign up for the next class.

**What obstacles might interfere with your Short and Log Term Goal achievement?**

**Obstacle**

**How your planning to overcome obstacle**

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**Informed Consent for Health Related Fitness Program**

1. **Explanation of workout program:** You will perform in an exercise program utilizing cardiovascular , ( Bike, Treadmill, Stair stepper, or Elliptical Machines) and resistance weight training. The exercise intensity will be at a level you can easily accomplish and easily advanced in stages depending on your fitness level. You may stop the exercise program at any time dur to signs of excessive fatigue or you wish because of personal feeling of excessive fatigue or discomfort.
2. **Risk and Discomforts:** There exits the possibility of certain changes occurring during the exercise . They include abnormal blood pressure, fainting, disorders of heart beat, in rare instances heart attack, stroke or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercise programs. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.
3. **Responsibilities of the participants:** Information you possess about your health status or previous experiences of unusual feeling with physical effort may effect the safety and value of your exercise program. Your prompt report of feeling with effort or discomfort during the exercise program are also of great importance. You are responsible to fully disclose such information when requested by staff.
4. **Benefits to be expected:** The results obtained by the exercise program may assist in the reduction of body fat, increase in lean muscle tissue, cardiovascular endurance, flexibility, and muscle strength.
5. **Injuries:** Any questions about the exercise program or in the estimation of functional capacity are encouraged. If you have any doubts or questions, Please ask our staff for further explanation.

**6. Freedom of Consent: Your permission to perform in this exercise program is voluntary, You are free to deny consent or to stop the exercise program at any point, if you so desire.**

**I have read this form and understand the exercise procedures that I will Perform. I Consent to participate in this exercise program.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**\*\*Personal Training sessions are by appointment only. All appointments have to be made at the Fitness Center.**

**\*\*\*Please bring all forms to your scheduled appointment .**

**For more information Please contact the Fitness Center @ 722-0408.**