



Health History Questionnaire

Name _____
Gender _____
Home # _____
Work # _____
Cell # _____
E-mail _____
Emergency # _____
DOB _____

Regular exercise is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help determine if you should consult your doctor before starting exercise, please read the following questions carefully and answer each one honestly. All information will be kept confidential please check Yes or No.

Yes No

- _____ 1. Do you have a heart condition?
- _____ 2. Have you ever experienced a stroke? Year? _____
- _____ 3. Do you have epilepsy?
- _____ 4. Are you pregnant? If so, how many months? _____
- _____ 5. Do you have diabetes? Low blood sugar?
- _____ 6. Do you have emphysema or asthma? (please circle)
- _____ 7. Do you have or have you had chronic bronchitis?
- _____ 8. In the past month, have you had chest pain when inactive?

_____ 9. Do you ever lose consciousness or your balance due to dizziness?

_____ 10. Are you currently being treated for a bone or joint problem that restricts you from regular activities?

_____ 11. Do you have high blood pressure? Low blood pressure?

_____ 12. Has any immediate blood relatives had a heart attack, stroke or cardiovascular disease before age 55?

_____ 13. Do you have high cholesterol?

_____ 14. Do you currently smoke?

_____ 15. Please list all medications you are currently taking and their purpose:

_____ 16. Do you have any old injuries? If so, please list, and their cause:

_____ 17. Do you currently have any aches and pains? If so please describe:

Billing Agreement

The fees for personal training session are \$75/hour; \$60/45 minutes; \$40/30 minutes.

The fees for training with a partner are \$85/hour; \$70/45 minutes; \$50/30 minutes.

Payment is due at time of service.

I enforce a 24-hour cancellation policy. Please remember that my profession is built upon appointments, and I cannot schedule anyone in your time slot if you cancel late. I try to be accommodating for emergencies. Personal training sessions canceled inside of 24 hours of the scheduled appointment will be billed at the normal rate of a single session to the client.

I respect the same policy. If I cancel within 24 hours, you get the next session for free.

I _____ have read and understand the aforementioned and accept this policy as it relates to personal fitness training procedures with my personal trainer.

Acknowledged and Agreed

Date

Client Signature

Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities and programs prescribed by Fit For You, LLC in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Fit For You, LLC and its officers, agents and representatives and all others from and against any and all loss, costs, expense, claims or liabilities for injuries or damage to 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 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 or the use of any equipment. _____ *(please initial)*
2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume any and all risks of injury or death. _____ *(please initial)*
3. 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 acknowledge that I have been informed of the need for a physician's 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 the physical activity, exercise and use of exercise and training equipment so that I

might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without 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*)

Signature _____

Date _____