

Today's Date: _____

Fitness Profile

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____
E-Mail Address: _____

Age: _____ Birthdate: _____
Occupation: _____

Height: _____ Weight: _____ Sex: _____
Last Physical Exam: _____

In Case of Emergency Contact: _____ Phone: _____

Referred by: _____ Yellow pages _____ Article/Ad in local publication
_____ Trainer/Client _____ (please fill-in name)
_____ Doctor/Health professional _____ (please fill-in name)

*Your fitness trainer wants to provide the highest quality service possible.
The following will be used to design your personal fitness program.*

1. MEDICAL HISTORY

These conditions affect your ability to exercise, please check the items which apply to you.

- _____ High Blood Pressure -Specify _____
- _____ Heart Ailment -Specify _____
- _____ Family History of Heart Disease -Specify _____
- _____ Stroke or Family History of Stroke -Specify _____
- _____ Heart Palpitations
- _____ Chest Pains
- _____ Dizzy spells or Fainting
- _____ Difficulty Breathing or _____ Asthma
- _____ Hay Fever or _____ Allergies -Specify _____
- _____ Shortness of Breath from Mild Exertion
- _____ Epilepsy
- _____ Diabetes -Specify Type I or Type II _____
- _____ Hypoglycemia
- _____ Thyroid Problems
- _____ Polio
- _____ Cancer
- _____ High Cholesterol -Specify: Triglycerides level _____ Glucose level _____
- _____ Currently under a Doctor's Care -Specify _____
- _____ Hospitalized for Illness, Injury or Surgery - Specify _____
- _____ Currently on medication – List any you are taking now _____
- _____ Other _____

Do you have or have you had back problems? _____ If yes, please explain problem: _____



Do you have or have you had problems in any muscles, joints, ligaments or tendons, (arthritis, calcium deposits, torn muscles, torn cartilage, tendonitis, nerve injury, bone fractures, bone dislocations, hernias, tennis elbow, etc.)? If yes, please explain the problem and when it last occurred.

Please explain any other medical problems or accidents you have had (i.e. car, sports, a fall, etc.)

2. PROFILE

Do you smoke? _____ If yes, How many cigarettes a day? _____
How old were you when you started? _____ If you have quit smoking, when did you quit? _____
Do you often feel anxious, tense, or under pressure or stress? (circle one)
almost never occasionally frequently nearly constantly

How would you describe your eating habits? _____

Do you often eat FEWER than 3 meals a day? If so, which meal do you skip? (Circle one)
Breakfast Lunch Dinner

How many alcoholic beverages do you usually drink per week (circle one)
0 1-2 3-4 > 4

3. ACTIVITY PROFILE

1) How many hours of exercise do you regularly do each week? _____

2) Please List:

ACTIVITY	FREQUENCY	SINCE WHEN?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever participated in any of the above activities on a competitive or professional level?

3) Are you aware of your working heart rate and if so what range do you work in? _____

4) GOALS: Please list 5 goals

1. _____
2. _____
3. _____
4. _____
5. _____

To the best of my knowledge, all of the above statements are complete and true.

Signature: _____ Date: _____



Release of Liability

1. In consideration of being allowed to participate in the personal fitness-training activities and programs of **Pilates on Pinecroft** and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge **Pilates on Pinecroft** and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of **Pilates on Pinecroft** or the use of any equipment at various sites, including home, provided by and/or recommended by the staff of **Pilates on Pinecroft**.
(PLEASE INITIAL: _____)

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept 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 in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. 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 equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (PLEASE INITIAL: _____)

4. I understand that the staff of **Pilates on Pinecroft**, by providing and maintaining an exercise/fitness program for me, does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.
(PLEASE INITIAL: _____)

DATE: _____

SIGNATURE: _____

TRAINER 'S SIGNATURE: _____