

 BRINGING YOU
FITNESS

Client Contact

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City _____ State _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Medical Information

Physician: _____ Phone: _____

Are you under the care of a physician, chiropractor, or other health care professional for any reason? **Yes / No**

If yes, list reason: _____

Are you taking any medications? **Yes / No**

(if yes, complete the following)

Type/ Dosage/Frequency/ Reason for taking

Has your doctor ever said your blood pressure was too high? **Yes / No**

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? **Yes / No**

Are you unaccustomed to vigorous exercise? **Yes / No**

Have you recently experienced any chest pain associated with either exercise or stress? **Yes / No**

If so, please explain. _____

Do you smoke? **Yes / No**

If so, how often? _____

Have you had any surgeries? **Yes / No**

If so, please explain. _____

Is there any reason not mentioned here why you should not follow a regular exercise program? **Yes / No**

If so, please explain. _____