

MEDICAL HISTORY INQUIRY

Name:

Trainer:

Date:

Date of Birth:

Email:

Phone numbers:

Mailing Address:

In case of emergency, contact:

Phone number:

HISTORY & SYMPTOMS:

Do you have, or have you ever had any of the following symptoms or conditions?

- High blood pressure
- High cholesterol or triglyceride levels
- Heart attack or stroke
- Heart murmur, palpitations, or irregular heart rhythm
- Osteoporosis
- Fainting, blackouts, or loss of consciousness
- Diabetes or any hypo/hyperglycemic conditions
- Arthritis in any joint _____
- Bone or spine injury (including herniated disc) _____
- Muscular injury _____
- Chronic pain _____
- Surgery - When and what kind _____

Please list any other medical or orthopedic conditions:

Do you smoke?

Yes No

If yes, how much per day?

If no, did you ever smoke? How much? When did you quit?

Do you have, or have you ever had an eating disorder?

Do you have a history of alcohol or drug abuse?

Please list any nutrition supplements you use regularly:

Please list any regular medication, including hormone replacement and birth control pills:

Are you presently engaged in any regular physical activity? Yes No

If yes, please detail:

How would you rate your:

Bodyfat:

lean average somewhat overweight obese

Cardio-respiratory conditioning:

good average worse than average poor

Muscular conditioning:

good average worse than average poor

Flexibility:

good average worse than average poor

Nutrition:

good average worse than average poor

Have you ever worked with a fitness trainer before? Yes No

If yes, please detail who, where, when, and what kind of training you've done:

Thank you for choosing BASICS AND BEYOND FITNESS & NUTRITION!

CLIENT CONFIDENTIALITY INFORMATION

Your privacy is important to us. We believe that your medical and health information is private and should be protected.

Without your written permission, we are not permitted to communicate with any of your other healthcare providers.

In compliance with the 1996 Health Insurance Portability and Accountability Act (HIPAA), we need your permission in order to discuss any medical, health, or wellness information with your doctor, massage therapist, physical therapist, chiropractor, or other healthcare practitioner.

By signing this form, you grant Basics and Beyond permission to discuss and exchange physical and medical information regarding your condition, therapies, medical status, treatment modalities, and treatment outcomes with the appropriate healthcare provider. You may withdraw this consent at any time with your written notice.

Print name:

Client signature:

Date:

Thank you for choosing BASICS AND BEYOND FITNESS & NUTRITION!

INFORMED CONSENT AND LIABILITY RELEASE FOR PERSONAL TRAINING

Informed Consent: I (the client) wish to participate in an exercise program with a personal trainer. I understand that there are inherent risks in participating in any exercise program, and no personal trainer can guarantee that I will not be harmed or injured. Specific risks may include, but are not limited to 1) occasionally occurring minor injuries such as scratches, bruises, muscle strains and sprains; 2) rarely occurring major injuries such as muscle or ligament tears, broken bones, rotator cuff damage, joint or back injuries, concussions, heart attack or stroke; 3) the statistically very rare occurrence of catastrophic injuries and conditions, including paralysis and death.

Assumption of Risk: I hereby agree to fully assume all risks carried with any activities connected with my exercise program and any related activities. I knowingly and voluntarily release and waive any and all claims against, and hold-harmless the Personal Trainers, Basics and Beyond LLC and its owner, and Owners of any facilities utilized from any liability, from personal injury or otherwise, that is a direct or indirect result of any intentional, unintentional, or negligent act.

Client Responsibilities: I recognize that I must communicate with my trainer any physical or mental sensations which may or may not be related to the exercise or diet prescriptions, or any off-site activities concomitant thereof. I am aware that some soreness and physical discomfort may be experienced after a session, and I agree to take responsibility for distinguishing the nature and severity of such sensations, and will communicate with the trainer as to their existence and severity. I have represented and stated, to the best of my knowledge, the state of my physical health and condition. If there is ever any change in my physical or mental condition which might in any way affect my ability to safely participate in the exercise program, I agree to notify my personal trainer immediately.

Waiver of Liability: I agree that neither the personal trainer nor the facilities we utilize shall be liable or responsible for any injuries or conditions resulting from my participation in the personal training program or any related activities. I expressly release my personal trainer, BASICS AND BEYOND, LLC, and the facilities we utilize, and their principles, agents, assigns, and advisors from all claims, actions, and judgments which I or my heirs, executors, administrators, or assigns may have or claim to have, and for all injuries, damage, or other conditions which may occur in connection with my participation in the personal training program. This release shall be binding upon my heirs, executors, administrators, and assigns.

Acknowledgment of Understanding: I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I understand that I am giving up substantial rights, including the right to sue. I intend my signature to be a complete and unconditional release of all liability that is a direct or indirect result of any intentional, unintentional, or negligent act.

Severability: The terms and provisions of the Agreement are to be severable. If any one or more of its terms and provisions is found by any court of competent jurisdiction to be for any reason invalid or unenforceable, such finding is not to affect the enforceability of the rest of the Agreement.

Print name:

Signature:

Date:

Print Personal Trainer:

APPOINTMENT CANCELLATION POLICY

In the event an appointment must be canceled, I (the client) agree to notify my Personal Trainer at least 24 hours in advance. If notice is not given within 24 hours, I understand that I will still be charged for the missed session. I agree that if I am late for an appointment, my training time will begin when the appointment was previously set. I also understand that my Personal Trainer is not required to wait more than 15 minutes if I am late for the appointment.

Print name:

Client signature:

Date:

In order to avoid miscommunications, please adhere to the following:

1. For scheduling, please contact your trainer directly. Put his or her phone number in your contact list.
2. Please do not call any of the facilities to schedule an appointment or to cancel an appointment with your trainer. We do not work for the gym, and they do not keep up with anyone's schedule.

Thank you for choosing BASICS AND BEYOND FITNESS & NUTRITION!