

# Personal Training Client Health History Form

Please answer each question by printing the necessary information. Your answers will be kept confidential.

## Client Information and Release Form

Name _____	Birth Date _____	Gender _____
Address _____		
City _____	State _____	Zip _____
Phone Number(s) Home _____	Work _____	Cell _____
E-mail _____		
Employer _____	Occupation _____	
<b>In case of emergency, please notify:</b>		
Name _____	Relationship _____	
Address _____		
City _____	State _____	Zip _____
Phone Number(s) _____	Home _____	Work _____ Cell _____

**Please note:** In order to assist you in the development of a rewarding physical Fitness program, we need to have your honest and accurate responses.

## General Medical History & Information

<b>Are you under the care of a physician, chiropractor, or other health care professional for any reason?</b> If yes, list reason: _____
<b>Are you aware of any disease or disorder that would complicate your participation in a testing or exercise program?</b> _____
<b>Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise?</b> _____
<b>Are you taking any medications? If yes please indicate the type of medication, dosage, frequency and reason(s) for taking it.</b> _____
<b>Please list any allergies</b> _____
<b>Has your doctor ever said your blood pressure was too high?</b> _____
<b>Are you over age 65?</b> _____ <b>Are you unaccustomed to vigorous exercise?</b> _____
<b>Is there any reason not mentioned here why you should not follow a regular exercise program?</b> <b>If so, please explain</b> _____

**Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:**

**Head / Neck** \_\_\_\_\_

**Upper Back** \_\_\_\_\_

**Shoulder / Clavicle** \_\_\_\_\_

**Arm / Elbow** \_\_\_\_\_

**Wrist / Hand** \_\_\_\_\_

**Lower Back** \_\_\_\_\_

**Hip / Pelvis** \_\_\_\_\_

**Thigh / Knee** \_\_\_\_\_

**Lower Leg / Ankle / Foot** \_\_\_\_\_

**Please circle any areas of pain, injury, tension, or restriction of movement.**

**Have you recently experienced any chest pain associated with either exercise or stress?**

**If so, please explain** \_\_\_\_\_

**Do you have a family history of any of the following conditions?**

**Heart Disease** \_\_\_\_\_ **Heart Attack** \_\_\_\_\_ **Hypertension** \_\_\_\_\_ **Gout** \_\_\_\_\_

**Abnormal EKG** \_\_\_\_\_ **Asthma** \_\_\_\_\_ **High Cholesterol** \_\_\_\_\_ **Angina** \_\_\_\_\_

**Diabetes** \_\_\_\_\_ **Other heart conditions** \_\_\_\_\_

**Do you have a family history of cardiovascular disease? If so, how many occurrences and what approximate ages?** \_\_\_\_\_

**Are you a smoker? If so, what is your smoking frequency?** \_\_\_\_\_

**Are you on any specific food / nutritional plan at this time?** \_\_\_\_\_

**Do you take dietary supplements? If yes, please list** \_\_\_\_\_

**How many beverages do you consume per day that contains caffeine?** \_\_\_\_\_

**Do you experience any frequent weight fluctuations?** \_\_\_\_\_

**Have you experienced a recent weight gain or loss?** \_\_\_\_\_

**If yes, list change** \_\_\_\_\_ **Over how long?** \_\_\_\_\_

**Your answers to these questions will be discussed with you prior to your session. Thank You.**

**Please take a moment to carefully read the following information and sign where indicated.**

I understand that the personal training I receive is provided for the purpose of exercise instruction and guidance. I further understand that personal trainers are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, or provide nutritional planning, and that nothing said in the course of the session(s) given should be considered as such. I should see a physician, chiropractor, registered dietitian or other qualified medical specialist for any nutritional concerns, mental or physical ailment that I am aware of. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the personal trainer updated as to any changes in my medical profile, and understand that there shall not be liability on the personal trainers part should I forget to do so. I understand that I have enrolled in the personalized health and Fitness program offered through UpLift Training, JWB Management, UpLiftTrainingLouisville.com and its personal trainers, coaches and affiliates. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various Fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any know disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by UpLift Training, JWB Management, UpLiftTrainingLouisville.com and its personal trainers, coaches and affiliates. In consideration of my participation in this program, I hereby release UpLift Training, JWB Management, UpLiftTrainingLouisville.com and its personal trainers, coaches and affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment of the provided personal training services and/or exercise classes. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release UpLift Training, JWB Management, UpLiftTrainingLouisville.com and its personal trainers, coaches and affiliates from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death. **I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

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

**Consent for minors is required prior to first session.**

**Signature of Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name of Guardian** \_\_\_\_\_

**Phone number the Guardian can be reached in case of emergency** \_\_\_\_\_

# Client Profile Questionnaire

## Current Exercise Information

Please explain your current exercise regimen including all strength training, cardiovascular training or other sporting activities that you perform.

### Day of the Week / Activity / Length of Time

## Body Type / Activity Level / Goal Information

**What are your goals?** (Circle those that apply)

Body Fat Loss    Muscle Gain    Strength Production    Increase Flexibility    General Health    Maintenance

**How active are you and/or what is your exercise lifestyle like?** (Circle those that apply)

Sedentary    Moderate Exercise    Competitive Exercise    Bodybuilding

**Does your job require you to be...** (Circle those that apply)

Sedentary    Somewhat Active    Active    Very Active

**Please answer yes or no to the following questions:**

Is it hard for you to gain weight?

Can you eat a lot and still not gain weight?

Do you gain or lose weight according to your fluctuations in activity and food consumption?

Is it hard for you to lose weight?

Do you gain weight if you're not careful about food intake?

## Current Nutritional Consumption

Please list the foods, beverages, supplements etc that you take on the average day.

### Time / Qty / Food-Beverage-Supplement

## Food Likes / Dislikes / Restrictions

Please list the foods you prefer to eat.

Please list the foods you **DO NOT** prefer to eat.

Please list any foods that you must restrict for any reason i.e. medical etc.

Have you ever been told to follow a specific nutritional plan in the past? If so, please indicate the reason and the type of plan and who had provided it for you.

**Please take a moment to carefully read the following information and sign where indicated.**

I am purchasing the services of UpLift Training, JWB Management, UpLiftTrainingLouisville.com and its personal trainers, coaches and affiliates to design a program to aid in weight management to enhance my Fitness goals. I will not hold Angie Botts or UpLift Training, JWB Management, UpLiftTrainingLouisville.com and its personal trainers, coaches and affiliates personally liable for any problems, illnesses or injuries that might occur due to a sudden change in my eating or exercise habits. This program does not replace the advice of a medical doctor, registered dietitian or other medical provider or treatment. I have revealed any and all necessary information about myself to prevent any possible complications to Angie Botts and UpLift Training, JWB Management, UpLiftTrainingLouisville.com and its personal trainers, coaches and affiliates.

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