

PhysiCore

Health History Form

Please answer each question by printing the necessary information. Your answers will be used to assist us in designing your training program and kept completely confidential by our staff.

Name _____ DOB (mm/dd/yy) _____ Gender M / F

Address _____

City _____ State _____ Zip _____

Phone Number(s) Cell (____) _____ Text? Y / N Home (____) _____

E-mail _____

Employer _____ Occupation _____

In case of emergency, please notify:

Name _____ Relationship _____

Phone Number(s) (____) _____ (____) _____

Please note: In order to assist you in the development of a rewarding physical fitness program, we need honest and accurate responses. Use the back of page 3 for additional space, noting the question number.

1. Are you under the care of a physician, chiropractor, or other health care professional for any reason that would influence your training program with us? If yes, list reason(s): _____

2. Are you aware of any disease or disorder, including bone or joint problems that would complicate your participation in an exercise program? _____

3. Are you taking any medications that have an effect on your heart rate, blood pressure or ability to exercise? If yes, list: _____

4. Please list any allergies _____

5. Has your doctor ever said your blood pressure was too high? Y / N If yes, are you currently on medication(s) to control it? Please list: _____

6. Is there any reason not mentioned above why you should not follow a regular exercise program? Please explain _____

7. Please describe any past or current musculoskeletal conditions you have incurred (including year and treatment received) such as muscle pulls, sprains, fractures, surgery, pain, or general discomfort with diagnoses:

a. Head / Neck

b. Upper Back

c. Shoulder / Clavicle

d. Arm / Elbow

e. Wrist / Hand

f. Lower Back

g. Hip / Pelvis

h. Thigh / Knee

i. Lower Leg / Ankle / Foot

8. Have you recently experienced any chest pain or shortness of breath associated with either exercise or stress? If so, please explain:

9. Are you a smoker? If so, what is your smoking frequency? _____

Can we help you with trying to quit? _____

10. Do you have history in your immediate family of Cardiovascular Disease, Heart Attack, Stroke or other heart / blood/ or lung conditions? If so, how many occurrences and approximate ages?



Your answers to the above questions will be discussed with you prior to your first session. Your Trainer may ask you to obtain a Medical Clearance prior to increasing the intensity of your exercise routine.

Release of Liability

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 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 trainer's part should I forget to do so. I understand that I have enrolled in the personalized health and fitness program offered through PhysiCore LLC. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, Pilates and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by PhysiCore LLC, its owner, Trainers and affiliates. In consideration of my participation in this program, I hereby release PhysiCore LLC, its owner, its Trainers and affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment of the provided 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 PhysiCore LLC, its owner, trainers 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** _____

Trainer _____ **Date** _____

Signature of Guardian _____ Date _____

Printed name of Guardian _____

Phone number(s) where the Guardian can be reached in case of emergency:

(____) _____ (____) _____ (____) _____

Annual Review with changes noted in body of document:

<i>Date</i>	<i>Initials</i>	<i>Date</i>	<i>Initials</i>	<i>Date</i>	<i>Initials</i>	<i>Date</i>	<i>Initials</i>