



## FITNESS CENTER INFORMATION FORM

### PERSONAL INFORMATION

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

### PHYSICIAN INFORMATION

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

**JOIN DATE (MM/YY):** \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

*The undersigned acknowledges that engaging in a fitness program is potentially hazardous and could result in bodily injury of the participant. The undersigned acknowledges further and agrees that HealthQuest, its officers, agents and employees do not undertake any responsibility, nor shall they be responsible for the participant at any time while going to, coming from, or engaging in the activity. The undersigned participant for himself, herself, themselves or their heirs, administrators, and executors do hereby agree, intending to be legally bound hereby, that the undersigned and anyone acting under them through them, shall and by these presents do indemnify, hold harmless and excuse HealthQuest, its officers, agents and employees from any and all expenses, costs, charges, bills, claims, damages, lawsuits, and liability for bodily harm or injury, or caused by the participant to any other person or entity during the course of the activity, or as a result of the activity.*

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



### HEALTH HISTORY FORM

FAMILY HEALTH HISTORY: *Has any paternal or maternal grandmother or grandfather, father, mother, brother, or sister experienced any of the following:*

Cardiovascular disease	Y	N	Diabetes	Y	N
Heart attack	Y	N	Asthma/emphysema	Y	N
Stroke under age	Y	N	Gout	Y	N
High blood pressure	Y	N	Cancer	Y	N
High cholesterol	Y	N	Obesity	Y	N

PERSONAL HEALTH HISTORY: *Have you experienced any of the following:*

High blood pressure	Y	N	High blood cholesterol	Y	N
Chest pain/Angina	Y	N	Heart attack	Y	N
Abnormal ECG	Y	N	Stroke	Y	N
Any chronic illness/condition	Y	N	Epilepsy or seizure disorder	Y	N
Diabetes	Y	N	Thyroid condition	Y	N
Arthritis/Osteoporosis	Y	N	Hernia	Y	N
Menopause	Y	N	Cigarette smoking habit	Y	N
Recent surgery (last 12 months)	Y	N	Lung issues (asthma, emphysema)	Y	N
Pregnancy (within last 3 months)	Y	N	Concussion	Y	N
Vision/ Hearing problem	Y	N	Inactivity for 1 year	Y	N
Dizziness, loss of balance or loss of consciousness				Y	N

*Please explain any "yes" answers in the space below:*

On average, how many alcoholic beverages do you consume per week?

0-3	4-7	8+
-----	-----	----

Please indicate if you presently have or have had any condition affecting the following areas:

Head/Neck	Y	N	Wrist/Hand	Y	N
Upper/Lower Back	Y	N	Arm/Elbow	Y	N
Shoulder/Clavicle	Y	N	Hip/Pelvis	Y	N
Lower Leg/Ankle/Foot	Y	N	Thigh/Knee	Y	N

Are you currently under the care of a physician, chiropractor, or health care professional for any reason? Y      N

*If yes, please explain* \_\_\_\_\_

Is a physician medically referring you? Y      N

*If yes, please list the doctor's name, the previous condition, rehabilitation type, and limitations below:*

Are you currently taking any medications, dietary supplements, vitamins, etc.? Y      N

*If yes, please list & explain* \_\_\_\_\_

Do you have any allergies? Y      N

*If yes, please list* \_\_\_\_\_

Are you a senior member? Y      N



## EXERCISE PRESCRIPTION GOAL QUESTIONNAIRE

### SECTION I.

Is there a particular reason you joined HealthQuest? \_\_\_\_\_

My exercise experience would be categorized as:	I would categorize my lifestyle as:
Novice _____	Sedentary _____
Intermediate _____	Moderately Active _____
Athlete _____	Active _____
Elite _____	Overly Active _____

How would you describe your childhood activity level? *Please explain below.*

Do you currently exercise?	Y	N
How many days per week? _____	How many minutes per session? _____	
My current workout regiment consists of cardio.	Y	N
My current workout regiment consists of strength training.	Y	N

**SECTION II.** *On a scale of 1 to 5, where "1" represents a statement you strongly disagree to and "5" represents a statement you strongly agree to, rate the following:*

I feel that I have a lot of energy through the day.	Strongly Disagree	2	3	4	Strongly Agree
Do you get enough sleep each night/On average, how much? _____					
I believe I have healthy eating habits.	Strongly Disagree	2	3	4	Strongly Agree
I need to improve my eating habits.	Strongly Disagree	2	3	4	Strongly Agree
I eat recommended portion sizes of all food groups.	Strongly Disagree	2	3	4	Strongly Agree
I am happy with my current weight.	Strongly Disagree	2	3	4	Strongly Agree
I am stressed out on a regular basis.	Strongly Disagree	2	3	4	Strongly Agree
If so, is there a particular place/time/reason that you are stressed? _____					

I am ready to make the lifestyle change to commit to coming to the gym regularly.	Strongly Disagree	2	3	4	Strongly Agree
What is a realistic time commitment? How many days a week and for how long? _____					

What time will you typically come to the club? \_\_\_\_\_

Is there anything that may create an obstacle in obtaining your fitness goals? \_\_\_\_\_

I am interested in participating in interval or circuit training.	Strongly Disagree	2	3	4	Strongly Agree
---	-------------------	---	---	---	----------------

Rate the following from first to last: I prefer to workout...

By myself \_\_\_\_\_ In a small group \_\_\_\_\_ In a large group \_\_\_\_\_ With a trainer \_\_\_\_\_



**SECTION III.** Read the following categories and select the option that most matches your fitness goals. If you find yourself agreeing with multiple categories, rate the categories in order of importance.

<i>CATEGORY 1</i>	<i>CATEGORY 2</i>
Have a healthier lifestyle Enjoyment Increase energy Relieve stress Recommended by a doctor Improve posture Improve balance Improve coordination Improve flexibility Maintain a healthy weight Reduce/relieve a current condition  _____	Improve aesthetics Lose weight/decrease body fat Reduce body circumferences <ul style="list-style-type: none"> <li>• Waist</li> <li>• Hips/buttocks</li> <li>• Arms</li> <li>• Legs</li> </ul> “Tone” → Developing muscle definition Improve eating habits  _____
<i>CATEGORY 3</i>	<i>CATEGORY 4</i>
Increase strength Build muscle Increase muscle size Body building Work on improving Olympic lifts  _____	Improve athletic performance Prepare for a sport Train for an upcoming event Improve: <ul style="list-style-type: none"> <li>• Running speed</li> <li>• Jump height</li> <li>• Arm strength</li> <li>• Agility</li> </ul> _____

What time will you typically come to the club? \_\_\_\_\_

When did you join the club? (Month & Year) \_\_\_\_\_

Do you have a male or female trainer preference? (Circle one below)

Male

Female

No Preference